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ABBREVIATIONS/ACRONYMS

<b>ADAPT</b>	Application Benefit Delivery Automation Project
<b>ADH</b>	Administrative Disqualification Hearing
<b>APECS</b>	Automated Program to Enforce Child Support
<b>ATP</b>	Authorization to Participate
<b>BEERS</b>	Benefit Exchange Earnings Report
<b>BENDEX</b>	Beneficiary Data Exchange
<b>CSR</b>	Customer Service Representative
<b>DCSE</b>	Division of Child Support Enforcement
<b>DFSP</b>	Disaster Food Stamp Program
<b>DMV</b>	Department of Motor Vehicles
<b>DRS</b>	Disqualified Recipient Subsystem
<b>EBT</b>	Electronic Benefits Transfer
<b>EW</b>	Eligibility Worker
<b>FIPS</b>	Federal Information Processing Standard
<b>FmHA</b>	Farmers Home Administration
<b>FNS</b>	Food and Nutrition Service
<b>FS</b>	Food Stamps
<b>FSET</b>	Food Stamp Employment and Training Program
<b>GR</b>	General Relief
<b>HUD</b>	Department of Housing and Urban Development
<b>IDA</b>	Individual Development Account
<b>IEVS</b>	Income Eligibility Verification System
<b>INA</b>	Immigration and Naturalization Act
<b>INS</b>	Immigration and Naturalization Service
<b>IPV</b>	Intentional Program Violation
<b>IRS</b>	Internal Revenue Service
<b>LIHEAP</b>	Low Income Home Energy Assistance Program
<b>NA</b>	Nonassistance
<b>ORR</b>	Office of Refugee Resettlement
<b>PA</b>	Public Assistance
<b>PIN</b>	Personal Identification Number
<b>POS</b>	Point-of-Sale
<b>QC</b>	Quality Control
<b>SAVE</b>	Systematic Alien Verification for Entitlement
<b>SDX</b>	State Data Exchange
<b>SSA</b>	Social Security Administration
<b>SSI</b>	Supplemental Security Income
<b>SSN</b>	Social Security Number
<b>SVES</b>	State Verification Exchange System
<b>TANF</b>	Temporary Assistance for Needy Families
<b>USDA</b>	United States Department of Agriculture
<b>USCIS</b>	United States Citizenship and Immigration Services
<b>VA</b>	Veterans Administration
<b>VDSS</b>	Virginia Department of Social Services
<b>VEC</b>	Virginia Employment Commission
<b>WIA</b>	Workforce Investment Act



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Unless otherwise defined in specific chapters of this manual, terms defined in this section shall apply whenever the term is used.

Administrative Disqualification Hearing (ADH) - An administrative disqualification hearing is an impartial review by a hearings officer of a household member's actions to determine whether or not the member committed an Intentional Program Violation (IPV).

Application - The official request for food stamp assistance. An application may be classified as an initial or new application, a reapplication, or a recertification. See also entries for the application classifications.

Disabled Person - The definition of a disabled person that follows must be used for the:

- Determination of group home eligibility;
- Allowance of medical expenses;
- Allowance of unlimited shelter expenses
- Use of net-only income limits in determining income eligibility;
- Evaluation of conditionally-eligible immigrants;
- Allowance of the \$3,000 resource limit;
- Allowance of a 24-month certification period; and
- Exemption from 6-month interim reporting requirements.

A disabled person is one who:

- a. Is certified to receive or is actually receiving Supplemental Security Income (SSI) benefits or disability or blindness payments under one of the following titles of the Social Security Act:
  - 1) Title I, Grants to States for Old Age Assistance and Medical Assistance for the Aged;
  - 2) Title II, Federal Old Age, Survivors, and Disability Insurance Benefits;
  - 3) Title X, Grants to States for Aid to the Blind;
  - 4) Title XIV, Grants to States for Aid to the Permanently and totally Disabled; or,
  - 5) Title XVI, Supplemental Security Income for the Aged, Blind and Disabled.

This includes SSI presumptive disability payments (regular SSI Benefits for a three-month period paid to persons who will most likely meet SSI disability criteria), and SSI emergency advance payments (a single \$100 SSI payment provided to persons who appear to meet the SSI eligibility criteria who are considered in need of immediate assistance).

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- b. Is certified to receive or receives an Auxiliary Grant.
- c. Is certified to receive or receives disability retirement benefits from a governmental agency because of a disability considered permanent under Section 221 of the Social Security Act.
- d. Is certified to receive or receives an annuity payment under Section 2(a)(1)(iv) of the Railroad Retirement Act of 1974 and is determined to be eligible to receive Medicare by the Railroad Retirement Board; or Section 2(a)(i)(v) of the Railroad Retirement Act of 1974 and is determined to be disabled based upon the criteria used under Title XVI of the Social Security Act.
- e. Is a veteran with a service-connected or nonservice-connected disability rated or paid as total (100%), or is considered in need of regular aid and attendance or permanently housebound under Title 38 of the U.S. Code.
- f. Is a surviving spouse of a veteran and considered in need of aid and attendance or permanently housebound or a surviving child of a veteran and considered to be permanently incapable of self-support under Title 38 of the U. S. Code.
- g. Is a surviving spouse or child of a veteran and entitled to compensation for a service-connected death or pension benefits for a nonservice-connected death under Title 38 of the U. S. Code and has a disability considered permanent under the Social Security Act. For the purpose of this chapter, "entitled" means those veterans' surviving spouses and children who are receiving the compensation or benefits stated or have been approved for such payments, but are not receiving them.

For any household member claiming a permanent disability that is questionable, i.e., not apparent to the EW under this item of the definition of disability, the household shall, at the local agency's request, provide a statement from a physician or licensed or certified psychologist to assist the local agency in making a disability determination.

- h. Is a recipient of disability related medical assistance under Title XIX of the Social Security Act.
- i. Is a recipient of Federal Employee Compensation Act (FECA) payments for permanently disabled employees who opt for FECA benefits in lieu of Civil Service Retirement benefits. Temporary FECA payments to people temporarily injured on the job do not satisfy the definition of disability.

A less restrictive definition of disability is used for other policies such as the work requirement, work registration, and student identification and eligibility.



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Disqualified Recipient Subsystem (DRS) - A nationwide central database of persons who have committed Intentional Program Violations (IPV).

Homeless Household - A household that lacks a fixed and regular nighttime residence or a household whose primary nighttime residence is:

- a. A supervised shelter designed to provide temporary accommodations (such as a welfare hotel or emergency shelter);
- b. A halfway house or similar institution that provides temporary residence for individuals who would otherwise be in an institution;
- c. A temporary accommodation in the residence of another. (Temporary is defined here as having been in the home for not more than 90 days as of the date of application); or
- d. A place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (e.g., as a park, bus station, hallway, lobby or similar places).

Initial or New Application - The first application for food stamps filed in a locality by a household. If the household subsequently moves to another locality, the first application taken in the new locality is also a new application.

Intentional Program Violation (IPV) - An intentional program violation consists of any action by an individual of having intentionally:

- a. Made a false or misleading statement to the local agency, orally or in writing, to obtain benefits to which the household is not entitled. An IPV may exist for an individual even if the agency denies the household's application;
- b. Concealed information or withheld facts to obtain benefits to which the household is not entitled; or
- c. Committed any act that constitutes a violation of the Food Stamp Act, Food Stamp regulations, or any State statutes relating to the use, presentation, transfer, acquisition, receipt, or possession of food stamp coupons, ATP cards or access devices.

An IPV is also any action where an individual knowingly, willfully and with deceitful intent uses food stamp benefits to buy nonfood items, such as alcohol or cigarettes, uses or possesses improperly obtained coupons, ATP cards or access devices, or trades or sells coupons, ATP cards or access devices.



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Migrant Farm Worker - A farm worker who had to travel for farm work and who was unable to return to the permanent residence within the same day. See also Seasonal Farm Worker.

PA Case - A public assistance (PA) food stamp case is any case in which all household members receive or are authorized to receive income from the Temporary Assistance for Needy Families (TANF), Maintenance General Relief (GR) or Supplemental Security Income (SSI) Program. Any case that contains at least one member who does not receive TANF, GR or SSI is a nonassistance (NA) food stamp case. "Authorized to receive" income includes instances when approved benefits are not accessed, are suspended or recouped, or are less than the minimum amount for the agency to issue a payment.

**Households that receive TANF Diversionary Assistance payments will be considered a PA case for as long as the diversionary assistance is intended to cover. The month after the diversionary assistance period of ineligibility expires will be when the PA status ends.**

A PA case also includes a case in which any member receives or is authorized to receive a service from a program funded by the TANF block grant. Service programs must derive more than 50 percent of their funding from the TANF block grant or from state funds intended to meet the Maintenance of Effort for TANF funding. These programs must be for the purposes of:

- a. assisting needy families;
- b. promoting job preparation, work and marriage
- c. preventing or reducing out-of-wedlock pregnancies, provided the program imposes a 200 percent of poverty income guideline; or
- d. promoting two-parent families, provided the program imposes a 200 percent of poverty income guideline.

A child removed from the TANF grant because of noncompliance with school attendance requirements continues to be a PA recipient, for food stamp purposes, as long as the TANF case status remains active.

A case will be a PA unit as long as each household member derives some income from TANF, GR or SSI or at least one person receives a TANF service, which benefits the entire household. A case will also be a PA case as long as the PA income counts toward the food stamp eligibility or allotment, such as in the case of the Noncompliance with Other Programs policy of Part XII.D.

Reapplication - A reapplication is processed as an initial or new application. A reapplication is:



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- a. An application which is filed after an adverse or negative action. An adverse or negative action is a denial of an application or termination of an ongoing case.
- b. An application filed when more than a calendar month has elapsed after the last certification end date.

Recertification - The term recertification may refer to an application or the process of renewing eligibility and entitlement to benefits. A recertification application is an application filed before the certification end date or in the calendar month after the certification end date, provided the application does not follow an action to close the case.

Seasonal Farm Worker - An individual employed by another in agricultural work of a seasonal or other temporary nature. This includes employment on a farm or ranch performing fieldwork such as planting, cultivating or harvesting, or employment in related activities such as canning, packing, seed conditioning or related research, or processing operations.

Trafficking - The buying or selling of coupons, Authorization to Participate (ATP) cards or Electronic Benefits Transfer (EBT) cards or benefits for cash or consideration other than eligible food; or for the exchange of firearms, ammunition, explosives, or controlled substances.



PART I

INTRODUCTION

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A. PURPOSE OF THE FOOD STAMP PROGRAM

The purpose of the Food Stamp Program is to alleviate hunger and malnutrition. The Program will meet its goals by permitting low-income households to obtain a more nutritious diet through normal channels of trade by increasing the food purchasing power for all eligible households who apply for participation. The U.S. Congress intended to promote the general welfare and to safeguard the health and well being of the population of the Nation by raising levels of nutrition among low-income households. The intent is also to help provide food in cases of emergency and financial disaster.

The purpose of this manual is to provide the local social services agency with certification procedures. Regulations for the issuance of Electronic Benefit Transfer (EBT) cards to eligible households are in the Virginia Electronic Benefits Transfer Policy and Procedures Guide.

B. HISTORY OF THE FOOD STAMP PROGRAM

The Food Stamp Act of 1964 authorized the Food Stamp Program on a permanent basis. The Food Stamp Act of 1977, and subsequent amendments, amended the 1964 Act and resulted in the generation of the current Food Stamp Program regulations. The U.S. Department of Agriculture administers the Food Stamp Program nationally through the Food and Nutrition Service (FNS). In Virginia, local departments of social services operate the Program at the county/city level under the supervision of the Virginia Department of Social Services.

The Food Stamp Program started in four Virginia localities (Lee, Wise, Dickenson and the City of Norton) during the pilot phase of its development before the establishment of the permanent program on a national basis. Through requests to operate the Program from local governing bodies, more than 70 localities in the State expanded the Program by June 1974. President Nixon signed the Farm Bill into law in August 1973 that required nationwide implementation of the Food Stamp Program effective July 1, 1974. Nationwide implementation of the Food Stamp Program eliminated the Surplus Commodity Program which was an alternate food program available to localities.

C. ISSUANCE SYSTEMS AND FOOD STAMP BENEFIT USE

Eligible households in Virginia receive their food stamp benefits electronically where eligible households receive a plastic EBT card with a magnetic stripe and a personal identification number (PIN) to access the benefits.

The local agency must inform eligible households how to access their



benefits through EBT and the proper use of the benefits, as described in this chapter. **The agency must also assist households who have difficulty in accessing their food stamp benefits such as households comprised of elderly or disabled members, homeless households or those without a fixed mailing address. For example, the agency might assist an elderly person who is housebound in finding an authorized representative who might access the household's benefit account and shop for groceries on behalf of the household.**

Upon receipt, the Case Name and authorized representative should each sign their own EBT cards. Eligible households may use the EBT card at any retail store or other food vendor authorized by USDA to accept food stamp benefits. Authorized retailers may display a sign indicating authorization that reads, "We accept Food Coupons" or similar language, or that displays the QUEST logo.

In certain circumstances, eligible households may use food stamp benefits to purchase meals through:

- nonprofit meal delivery services, such as Meals-On-Wheels, or feeding sites for the elderly;
- authorized drug addiction and alcoholic treatment and rehabilitation centers;
- certain group living arrangements;
- shelters for battered women and children; and
- authorized nonprofit establishments that feed homeless persons and restaurants authorized to accept food stamp benefits.

A household may purchase any food or food product for human consumption with food stamp benefits. The household may also purchase seeds and plants for use in gardens to produce food for the personal consumption of the eligible household.

Households may not use food stamp benefits to purchase the following:

- alcoholic beverages or tobacco;
- hot foods ready for immediate consumption;
- pet foods;
- soap products, paper products or other non-food items usually available in a grocery store; or
- foods to be eaten on the store premises.

In addition, household may not use food stamp benefits to pay back grocery bills.

At the certification interview, the Eligibility Worker (EW) should advise the applicant that, when using food stamp benefits, to separate eligible items from ineligible items at the checkout counter unless there is electronic programming available that could identify eligible



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items. The household should also advise the cashier beforehand of the intent to use food stamp benefits, if electronic programming is not available to denote food stamp benefits or when the household will use EBT in conjunction with other payment methods.

Field offices for the USDA are responsible for the authorizing retailers to accept food stamp benefits and responsible for ensuring compliance of food stamp regulations by the retailers. Appendix II of Part I lists the USDA field offices and the Virginia localities assigned to each office.

D. PERSONNEL AND OFFICE OPERATIONS (7 CFR 272.4(a))

The local agency must provide qualified employees necessary to take prompt action on all applications. The local agency employees who certify households for participation in the Food Stamp Program must meet the same personnel standards as those used by the local agency for personnel who certify applicants for benefits under the federally aided public assistance programs. Only qualified local agency employees may conduct the interview of applicant households required by Part II.D and determine the household's eligibility or ineligibility and the level of benefits. In addition, only authorized employees or agents of the state or local agency, or a local issuing agency may have access to EBT cards or the EBT administrative terminal.

The local agency must provide timely, accurate, and fair service to applicants for and participants in the Food Stamp Program. Each local agency must establish office procedures and operations that accommodate the needs of the populations it serves. Populations with special needs may include households with elderly or disabled members, homeless households, households with members who are not proficient in English, and households with members who work during normal office hours.

E. NONDISCRIMINATION (7 CFR 272.6)

It is the policy of the State of Virginia and USDA that any applicant or participant must receive fair and equal treatment. There must be no discrimination against applicants or participants in any aspect of program administration for reasons of age, race, color, sex, disability, religious creed, national origin, or political beliefs.

1. Discrimination Complaints - People who believe that they were subject to discrimination may file a complaint by calling (202) 720-5964 or by writing:



U.S. Department of Agriculture  
Director, Office of Civil Rights  
Room 326-W, Whitten Building  
1400 Independence Avenue  
Washington, D.C. 20250-9410

State and local social services agencies must accept all written or verbal complaints of discrimination and forward them immediately to:

Director of Quality Management  
Virginia Department of Social Services  
7 North Eighth Street  
Richmond, Virginia 23219-3301

If the individual making the complaint does not put the complaint in writing, the person receiving the complaint must do so.

Whenever possible, the complaint should include the following:

- a. Name, address, and telephone number or other means of contacting the person alleging discrimination.
- b. The location and name of the organization or office that is accused of discriminatory practices.
- c. The nature of the incident, action, or the aspect of program administration that led the person to allege discrimination.
- d. The reason for the alleged discrimination (age, sex, race, religious creed, color, handicap, national origin, or political belief).
- e. The names, addresses, and titles of persons who may have knowledge of the alleged discriminatory acts.
- f. The date or dates on which the alleged discriminatory actions occurred.

The discrimination complaint system, including the right to file directly with the Secretary or the Administrator, must be explained to each individual who expresses an interest in filing a discrimination complaint. It must be explained to the individual that complaints will be accepted even if the information specified above is not complete; however, investigations will be conducted only if the information described in (b), (c) and (d) is provided. It must also be explained that a complaint must be filed no later than 180 days from the date of the alleged discrimination, although the time for filing may be extended by the Secretary of Agriculture.



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2. Public Notification - Requirements for displaying a nondiscrimination poster and for providing a pamphlet are contained in [Part I.I.](#)

F. COLLECTION OF RACIAL/ETHNIC GROUP DATA

Local agencies must record the race and ethnicity of each household.

The racial categories are:

White	American Indian/Alaska Native and White
Black or African American	Asian and White
American Indian or Alaskan Native	Black/African American and White
Asian	American Indian/Alaska Native and Black/African American
Native Hawaiian or other Pacific Islander	Asian and Black/African American
	Other

The categories for ethnicity are:

Hispanic or Latino	Not Hispanic or Latino
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The worker must request the applicant to voluntarily identify the race or ethnic category on the application form. The worker must advise the applicant that the information is voluntary, that it will not affect eligibility or benefit level, and that the reason for the collection of this information is to ensure that there is no discrimination with regard to the receipt of Food Stamp Program benefits.

When the applicant does not voluntarily provide the information, the worker must code the data based on observation. The State Agency must report the racial and ethnic data annually to USDA.

G. RETENTION OF RECORDS (7 CFR 272.1(f))

Food Stamp Program records must be maintained for a minimum of three years from the month of origin of each record. Some records require a longer retention period. The retention period is dependent on the record type and activity related to the record. Annual systematic purging of material unrelated to legal, fiscal, administrative, or program administration is recommended.

1. Certification records must be retained for three years from the end of the certification period or other case action. Certification records may include any material that documents the basis for an allotment, the determination of eligibility, or the establishment of a claim. Records needed to support claims collection activity or long-term eligibility determinations or disqualifications must be kept longer than three years. **Certification records may also include the authorization and issuance of a vault EBT card or authorization for crediting the card replacement fee back to an EBT account.**



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- a. Records related to claims must be kept for three years after a claim is repaid or is administratively closed.
  - b. Records that support investigation of a suspected Intentional Program Violation must be kept until the case has been resolved if the investigation was initiated during the normal three-year retention period for certification actions.
  - c. Records about Intentional Program Violation disqualifications must be kept for the life of the individual or until FNS notifies that the record is no longer needed.
  - d. Records to document work registration, voluntary quit, or work reduction violations must be retained for the life of the individual who caused the violation or until the person reaches age 60, whichever occurs first.
2. Issuance **or administrative** records must be retained for a three-year period. The three-year period may be from the month the federal obligation is paid, from the period of final resolution of the issuance billing process **or three years from the creation of the record**. These records include issuance registers, ATP cards **and EBT records**.
  3. Administrative cost records must be maintained for three years from the date the annual financial status report. These records include fiscal and statistical records, supporting documents, negotiated contracts and any other document related to administrative costs. These records must be retained beyond three years if a claim, litigation or audit is initiated before the end of the three-year period. In these instances, the records must be retained until the claim, litigation, or audit has been resolved.

H. DISCLOSURE OF INFORMATION (7 CFR 272.1(c), 272.1(d))

Use or disclosure of information obtained from food stamp applicant households exclusively for the Food Stamp Program shall be restricted to the following:

1. Persons directly connected with the administration or enforcement of the provisions of the Food Stamp Act or regulations, other federal assistance programs, or federally assisted State programs which provide assistance, on a means-tested basis, to low income individuals. This includes the Office of the Inspector General (OIG) and the Statewide Automated Child Welfare Information System (SACWIS);
2. Employees of the Comptroller General's Office of the United States for audit examination authorized by any other provision of law;

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3. Local, state, or federal law enforcement officials upon a written request to investigate an alleged violation of the Food Stamp Act or regulations. The written request must include the identity of the individual requesting the information and the authority to do so, the violation being investigated, and the identity of the person on whom the information is requested.
4. Law enforcement officials upon notification that an individual is fleeing prosecution or imprisonment, is in violation of parole or, that an individual has information needed to conduct an investigation of a felony or parole violation. The individual's address, Social Security number, and photograph, if available, must be disclosed upon written request. (The agency may not disclose scheduled appointment dates or times.)
5. The parent locator service to assist in the Child Support Enforcement Program under Title IV-D, upon request; and
6. Persons directly connected with the verification of immigration status of aliens applying for food stamp benefits through SAVE to the extent the information is necessary to identify the individual for verification purposes.

If there is a written request by a responsible member of the household, its currently authorized representative, or a person acting on its behalf, the household representative must be allowed to review material and information contained in the case file, during normal business hours. The agency may withhold confidential information, however, such as the names of individuals who have disclosed information about the household without the household's knowledge, or the nature or status of pending criminal prosecutions.

All local offices of the Department of Social Services must maintain state regulations and manuals that affect the public for examination by the public on regular workdays during regular office hours.

#### I. PROGRAM INFORMATIONAL ACTIVITIES (7 CFR 272.5)

Food Stamp Program information must be available to applicant and recipient households. Program information includes the rights and responsibilities of households. This information may be conveyed through publications, telephone hotlines, and face-to-face contacts.

##### 1. Booklets/Pamphlets

- a. *Virginia Social Services - Benefit Programs* information booklet - Applicants must receive this booklet at the time of each new application. Applicant households must also receive the booklet at each reapplication or recertification if the household no longer has a copy of the booklet.



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- b. *Virginia Nondiscrimination Program* - Provide the nondiscrimination pamphlet to households upon request.
- c. *Appeals and Fair Hearings* pamphlet - Households must receive this pamphlet with computer-generated adverse action notices for actions to reduce or terminate the benefits or when applications are denied.
- d. *Virginia EBT Questions and Answers* pamphlet and the EBT wallet card - The local agency or the EBT vendor must provide EBT materials to EBT card recipients upon the initial or replacement issuance of the EBT card. The local agency must provide these EBT materials upon request after the issuance of the EBT card. The agency may provide the *Cardinal Card Reminder* flyer to households as needed.

2. Posters

These posters must be prominently displayed where food stamp applications are taken:

- a. A nondiscrimination poster, e.g., "And Justice for All", or the Virginia Nondiscrimination poster
- b. "Your Food Stamps Rights"

3. Other Required Activities

- a. The agency must provide an explanation of household rights when applicants request information about the Food Stamp Program. The agency may provide a verbal explanation or it may provide the *Know Your Rights When Applying for Food Stamps* flyer if the applicant is able to read and comprehend the form in English.
- b. The agency must complete the *Food Stamp Program - Hotline Information* form and provide it to each applicant on the day the applicant files a new application, a reapplication, or a late recertification application.
- c. The local agency must make an effort to answer general or specific questions related to the Food Stamp Program from persons expressing an interest in applying for program benefits. The agency may refer callers to appropriate agency personnel, and if those persons are not available, the agency must arrange to return the call. If it is not possible to return the call, the agency must advise the caller to return the call at a prearranged time when the appropriate personnel will be available to answer the questions.



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J. FAMILY BASED SOCIAL SERVICES POLICY

One of the goals of the Virginia Department of Social Services is to provide an effective social service and public assistance system to meet the basic needs of citizens who need help. The system must provide services within the needy citizen's home community and within an environment that promotes family stability whenever possible. In order to accomplish effective social and public assistance services within Virginia's locally administered, state-supervised system, each local department must administer programs based upon a philosophy of family based social service delivery.

Benefit programs are designed to provide income support benefits to assist families who are unable to provide the necessities of life and maintain minimum standards of health and well-being through their own efforts. Gathering relevant information about a family's situation and assessing that information against the eligibility for benefit programs are the basis for making the eligibility determinations. This process also includes an assessment of need for service programs and other resources to assist the family. If other needs exist, the eligibility worker must refer the family for appropriate services or resources within the agency or community.

Additional information on Family Based Social Services is contained in Volume I, Chapter E., and Volume VII, Section I, Chapter A.

K. PRUDENT PERSON CONCEPT

This manual provides policy guidelines for the Food Stamp Program. The policies are often broad to allow certification staff sufficient flexibility to make reasonable judgments in evaluating individual household circumstances to determine food stamp eligibility and benefit level.

It is not possible to have every potential situation observed in managing a caseload addressed in this manual so the eligibility worker must determine what is reasonable, i.e., the prudent person concept. The eligibility worker must exercise reasonable judgment based on experience, knowledge of the program and logic. The prudent person concept does not eliminate or replace food stamp eligibility requirements or actions. The worker must sufficiently document the case file to allow supervisory staff, appeals officers, reviewers, and colleagues to be able to understand case actions as well as to permit self-review.



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## FIPS CODE DIRECTORY

Code	Locality	Code	Locality	Code	Locality
001	Accomack	083	Halifax	171	Shenandoah
003	Albemarle	085	Hanover		Shenandoah Valley
005/	Alleghany	087	Henrico	015	Augusta
560	Clifton Forge	089/	Henry	790	Staunton
580	Covington	690	Martinsville	820	Waynesboro
007	Amelia	091	Highland	173	Smyth
009	Amherst	093	Isle of Wight	175	Southampton
011	Appomattox	095	James City	177	Spotsylvania
013	Arlington	097	King and Queen	179	Stafford
017	Bath	099	King George	181	Surry
019	Bedford	101	King William	183	Sussex
515	Bedford City	103	Lancaster	185	Tazewell
021	Bland	105	Lee	187	Warren
023	Botetourt	107	Loudoun	191	Washington
025	Brunswick	109	Louisa	193	Westmoreland
027	Buchanan	111	Lunenburg	195	Wise
029	Buckingham	113	Madison	197	Wythe
031	Campbell	115	Mathews	199/	York
033	Caroline	117	Mecklenburg	735	Poquoson
035	Carroll	119	Middlesex	510	Alexandria
036	Charles City	121	Montgomery	520	Bristol
037	Charlotte	125	Nelson	540	Charlottesville
041/	Chesterfield	127	New Kent	550	Chesapeake
570	Colonial Heights	131	Northampton	590	Danville
043	Clarke	133	Northumberland	620	Franklin City
045	Craig	135	Nottoway	630	Fredericksburg
047	Culpeper	137	Orange	640	Galax
049	Cumberland	139	Page	650	Hampton
051	Dickenson	141	Patrick	670	Hopewell
053	Dinwiddie	143	Pittsylvania	680	Lynchburg
057	Essex	145	Powhatan	683	Manassas
059/	Fairfax County	147	Prince Edward	685	Manassas Park
600	Fairfax	149	Prince George	700	Newport News
610	Falls Church	153	Prince William	710	Norfolk
061	Fauquier	155	Pulaski	720	Norton
063	Floyd	157	Rappahannock	730	Petersburg
065	Fluvanna	159	Richmond County	740	Portsmouth
067	Franklin County	161	Roanoke County	750	Radford
069	Frederick	163/	Rockbridge	760	Richmond City
071	Giles	530	Buena Vista	770	Roanoke City
073	Gloucester	678	Lexington	800	Suffolk
075	Goochland	165/	Rockingham	810	Virginia Beach
077	Grayson	660	Harrisonburg	830	Williamsburg
079	Greene	167	Russell	840	Winchester
081/	Greensville	169	Scott		
595	Emporia				



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USDA Field Offices

**RICHMOND FIELD OFFICE (637)**

Food and Nutrition Service, USDA  
1606 Santa Rosa Road, Suite 129  
Richmond, Virginia 23229

Telephone: (804) 287-1710  
Fax: (804) 287-1726

**Satellite Office:**

Food and Nutrition Service, USDA  
P.O. Box 889, 200 Granby Street  
Norfolk, Virginia 23510

Telephone: (757) 441-3570  
Fax: (757) 441-3571

**Areas Served:**

Accomack	Danville	King William	Portsmouth
Albemarle	Dinwiddie	Lancaster	Powhatan
Amelia	Emporia	Lexington	Prince Edward
Amherst	Essex	Louisa	Prince George
Appomattox	Fluvanna	Lunenburg	Richmond City
Bedford	Franklin	Lynchburg	Richmond County
Brunswick	Gloucester	Mathews	Southampton
Buckingham	Goochland	Mecklenburg	Staunton/Augusta
Campbell	Greensville	Middlesex	Suffolk
Caroline	Halifax	Nelson	Surry
Charles City	Hampton	New Kent	Sussex
Charlotte	Hanover	Newport News	Virginia Beach
Charlottesville	Henrico	Norfolk	Waynesboro
Chesapeake	Hopewell	Northampton	Williamsburg
Chesterfield	Isle of Wight	Nottoway	York
Colonial Heights	James City	Petersburg	
Cumberland	King & Queen	Pittsylvania	

**TOWNSON FIELD OFFICE (614)**

Food and Nutrition Service, USDA  
515 East Joppa Road, Suite 208  
Townson, Maryland 21286

Telephone: (410) 962-2390  
Fax: (410) 962-2401

**Areas Served:**

Arlington	Fauquier	Madison	Rappahanock
Alexandria	Frederick	Manassas	Rockingham
Clarke	Fredericksburg	Manassas Park	Shenandoah
Culpeper	Greene	Northumberland	Spotsylvania
Fairfax City	Harrisonburg	Orange	Stafford
Fairfax County	King George	Page	Warren
Falls Church	Loudoun	Prince William	Westmoreland
			Winchester



**CHARLESTON FIELD OFFICE (626)**

Food and Nutrition Service, USDA  
One Valley Square  
300 Summers Street, Suite 960  
Charleston, West Virginia 25301

Telephone: (304) 347-5944  
Fax: (304) 347-5559

**Satellite Office:**

Food and Nutrition Service, USDA  
P.O. Box 4546  
Bluefield, West Virginia 24701

Telephone: (304) 324-8081  
Fax: (304) 324-8082

**Areas Served:**

Alleghany	Covington	Highland	Roanoke County
Bath	Craig	Lee	Rockbridge
Bland	Dickenson	Martinsville	Russell
Botetourt	Floyd	Montgomery	Scott
Bristol	Franklin County	Norton	Smyth
Buchanan	Galax	Patrick	Tazewell
Buena Vista	Giles	Pulaski	Washington
Carroll	Grayson	Radford	Wise
Clifton Forge	Henry	Roanoke City	Wythe



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The National Voter Registration Act of 1993 (NVRA) requires local social services agencies offer each applicant for **TANF**, food stamps, and Medicaid an opportunity to apply to register to vote at initial application and at each review of eligibility. Voter registration application services must also be provided any time a change of address is reported to the local agency in person. Local agency staff must provide the same degree of assistance in completing voter registration applications as is done in completing applications for assistance.

A. Prohibitions

Local social services agencies and agency staff are prohibited from making any statements or taking any action that:

1. seeks to influence customers' political preferences;
2. displays any political preference or party affiliation;
3. discourages individuals from applying to register to vote; or
4. leads individuals to believe that a decision to register or not to register has any impact on their eligibility for assistance or the benefit level that they are entitled to receive.

B. Voter Registration Services

Each local social services agency, including satellite offices, must provide the following services:

1. distribute voter registration application forms for completion by customers at the agency or to be taken for registration by mail;
2. assist customers in completing the voter registration application form unless such assistance is refused;
3. ensure that spaces of the voter registration application are completed, including identifying the locality name on the reverse side of the form;
4. complete the agency certification form;
5. make brochures about amendments to the Virginia constitution available for distribution; and
6. accept voter registration application forms for transmittal to the local general registrar.

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- a. Each completed registration application must be submitted to the local registrar every Friday or on the last working day before Friday if Friday is a holiday. Envelopes with completed registration forms must be marked with an "A" in the upper left corner and the number of registration forms in the envelope.
- b. Registration applications that are mailed to customers or that were obtained from the local agency must be forwarded to the registrar if the completed forms are returned to the agency.
- c. The voter registration application may be mailed to the State Board of Elections by customers at the expense of the customer.

Voter registration application services are not required to be offered when an individual indicates that he/she is currently registered to vote in the locality and there is a completed agency certification form in the customer's case record indicating the same, and the customer has not moved from the address maintained when the registration occurred.

C. Certification

Each customer must be provided the "Certification of Virginia Voter Registration Agency Certification" form at each application or review.

1. Customers who refuse to check the appropriate box on the certification form or refuse to sign the form will be considered to have declined the opportunity to register to vote.
2. The worker must sign and date each certification form and complete the appropriate box.
3. Certification forms must be retained in the agency case record in accordance with records retention policy set forth in Volume I.
4. The bottom of the certification form must be completed when registration applications are mailed with applications for assistance and when an authorized representative files the application on behalf of the household.

D. Individuals Required to be Offered Registration Services

Voter registration services must be offered to an individual who is:

1. A member of the **TANF** assistance unit or food stamp household;
2. 18 years of age or who will be 18 by the time of the next general election; and

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3. Present in the office at the time of the interview or when a change of address is reported. (Note that a registration application must be sent upon request for mail-in purposes for address changes that are not reported in person.)

Individuals accompanying the customer to the local agency who is not a member of the assistance unit or household, including payees and authorized representatives, will not be offered voter registration services by the local agency. A registration application must be provided to the person upon request for mail-in purposes. When an authorized representative is applying on behalf of another, the local agency must offer a mail-in application and the bottom of the certification form is to be completed accordingly.

The voter registration application must be mailed to an applicant with the application for assistance if a subsequent face-to-face interview will not be required. When the in-office interview is required, voter registration services must be provided at the time of the interview.



PART III

VERIFICATION/DOCUMENTATION

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A. VERIFICATION

Verification is the use of third party information or documentation to establish the accuracy of statements on the application **or Interim Report**. Households have at least ten days to provide required verification.

1. Mandatory Verification at Initial Application/Reapplication (7 CFR 273.2(f))

Local agencies must verify the following information before certification for households initially applying and for reapplications:

a. Residency

Applicants must provide the residency requirements of Part VII.B except in unusual cases, such as homeless households, some migrant farm worker households, or households newly arrived in a locality, where verification of residency cannot reasonably be accomplished. Verification of residency may be accomplished, to the extent possible, in conjunction with the verification of other information, such as, but not limited to, shelter expenses or identity. If the agency cannot verify residency when verifying other information, the agency must use a collateral contact or other readily available documentary evidence. Verification may include statements from migrant service agencies or camp officials, letters from the people with whom the household is staying, hotel check-in receipts, day care enrollment forms, and health clinic records for the family. The agency must accept any document or collateral contact that reasonably establishes the applicant's residency. Households do not have to provide a specific type of verification.

b. Identity

Applicant must verify the identity of the person making the application. When an authorized representative applies on behalf of a household, the agency must verify the identity of both the authorized representative and the head of the household. The agency may verify identity through readily available documentary evidence or, if this is unavailable, through a collateral contact. Acceptable documentary evidence includes, but is not limited to, a driver's license, work or school ID, ID for health benefits or assistance or social services program, a voter registration card, wage stubs, a Social Security card or card stub issued by the Social Security Administration (SSA), or a birth certificate. The agency must accept any documents that reasonably establish the applicant's identity. Households do not have to provide a specific type of verification.



For drug or alcoholic treatment center residents, the authorized representative may be the resident's collateral contact for purposes of verifying the resident's identity and residency.

c. Gross Nonexempt Income

The agency must verify gross nonexempt income for each household member before certification. The process of verifying income includes establishing the onset and termination of income.

d. Citizenship and Immigration Eligibility

The applicant must declare in writing the citizenship or immigration status of all household members. Immigrants must present documentation for local agencies to determine if they are eligible immigrants as defined in [Part VII.F](#). To establish eligibility for immigrants, applicants may need to establish: 1) the date of admission; 2) the date INS granted the status; 3) a military connection; 4) battered status; 5) presence in the U.S. on August 22, 1996; 6) the number of work quarters; or 7) tribal membership. While awaiting acceptable documentation, the immigrant in question is ineligible, but the agency must determine the eligibility of any remaining members except in the instance when a member disputes the SSA report of countable work quarters to establish eligibility. The member may participate for six months during the SSA investigation. See [Part VII.F.3](#).

The agency may verify the validity of an immigrant's documents through an automated or manual system for **the U.S Citizenship and Immigration Services (USCIS)**. The procedures for the Systematic Alien Verification for Entitlements (SAVE) Program verification system are in [Appendix 2 of Part VII](#).

The agency must not verify the citizenship of household members unless the information provided by the household is questionable. See [Part VII.F.4](#) for suggested forms of verification and the procedures to verify citizenship.

e. Shelter Expenses

- 1) Continuing Shelter Charges. The local agency must verify shelter expenses specified in [Part X.A.4](#) other than utilities, if allowing the expense could potentially result in a deduction. The agency must not verify the shelter expenses of homeless households that qualify for the Homeless Shelter Allowance unless the claim is questionable. See [Part X.A.7](#).



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- 2) Utility Expenses. The local agency must verify a household's utility expenses if the household wishes to claim expenses in excess of the utility standard or if the household is not entitled to the utility standard, but has allowable utility expenses, provided the expense would actually result in a deduction. If the household does not verify actual utility costs by the 30th day, the agency must allow the utility standard if the household is entitled to it. For households that want to use the utility standard, verification that the household incurs a heating or cooling expense is required only if the information presented by the household is questionable and if the expense would result in a deduction. NOTE: Recipients of Low-Income Home Energy Assistance payments are entitled to the utility standard even if they do not incur direct utility costs.
- 3) Telephone Expenses. For households entitled to claim the telephone standard, verification that the household incurs an expense for a basic rate is required only if the information presented by the household is questionable, and if the expense would result in a deduction.

f. Dependent Care Expenses

For those households claiming dependent care expenses, as described in [Part X.A.3.](#), the local agency must verify that the household actually incurs the expense and the actual amount of the expense, if allowing the expense could potentially result in a deduction.

g. Resources

At application and reapplication, the local agency must verify all liquid resources. At recertification and for the evaluation of the Interim Report, the agency must verify changes in liquid resources or newly acquired liquid resources. The agency must verify unchanged information at recertification or for the Interim Report only if the information is questionable.

The agency may obtain verification of liquid resources through checking and savings account statements, clearances sent to banks and savings institutions, credit union statements, etc.



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**The EW must aid the applicant if the applicant household requires assistance in providing the necessary verification. In some instances, the EW may assist by contacting collateral contacts.**

h. Loans

The agency must verify all monies a household receives that the household reports as loans.

i. Medical Expenses

The local agency must verify the amount of any medical expenses that may be deductible, including expenses that the household expects to incur during the certification period. The agency must also verify amounts for reimbursement of medical costs, such as a reimbursement from an insurance company for a hospital bill. The agency must obtain verification before initial certification if the household indicates the existence of a deduction for a household member who is 60 years of age or older or disabled. For expenses anticipated but not verified at certification, the agency must advise the household that the household will receive the deduction for the expense if the household provides verification during the certification period.

j. Social Security Numbers (7 CFR 273.2(f)(1)(v))

The local agency must verify the Social Security numbers (SSNs) reported by the household by submitting them to the Social Security Administration (SSA) through SVES. The agency, however, must not delay certification of an otherwise eligible household solely to verify a Social Security number even if the 30-day processing period has not expired. As soon as the agency completes all other steps necessary to certify a household, except for verification of the Social Security number, the agency must certify the household.

When the SVES inquiry indicates that SSA is unable to verify the SSN provided by the client, the EW must contact the household to determine if the information the household provided is correct and obtain the correct information, as appropriate. If the information the agency has is correct, but the information SSA has is incorrect, the agency must notify the household that it must resolve the discrepancy with the SSA.



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If the household fails to provide the necessary information that would allow the verification of an SSN, the household member for whom the number is unverified is ineligible.

If a household must provide information or documentation to the local agency or the SSA, the household must complete the action before the next recertification or show good cause why it was unable to do so.

If a household claims it cannot complete required actions for reasons beyond its control, the EW must verify the household's inability to cooperate. For example, a household may claim it cannot verify a name change because fire destroyed official records. The EW must verify this claim to the point he/she is satisfied the claim is accurate, i.e., documentation of the name change no longer exists. In these cases an SSN match cannot be accomplished since SSA records cannot be corrected without the missing documentation. If the EW verifies that the household is unable to provide the information needed to verify the SSN, the household member will remain eligible. The case file must adequately document the household's inability to provide the information.

Conversely, if the EW is unable to substantiate the household's claim that it cannot provide the information, the household member will be ineligible.

Appendix I to this chapter contains suggested language for a form that the EW may give to clients who must provide SSA with information or documentation to complete the verification process.

k. Disability (7 CFR 273.2(f)(1)(viii))

Whether the stricter or more relaxed definition of disability is evaluated, disability status of individual household members must be established. If a household fails to verify disability when necessary, the individual in question is not considered disabled.

Work Registration, Student Identification, Work Requirement  
A statement from a licensed medical provider is sufficient for the less restrictive standards for these policy areas. Receipt of temporary or permanent disability payments may also be used.



Separate Household Status for Elderly, Disabled Persons

For elderly, disabled persons who are unable to purchase and prepare meals separately, the agency must first determine the disability and then establish that these persons are unable to purchase and prepare meals because of the disability. The Social Security Administration's list of disability conditions may be used for this evaluation.

If it is obvious that the individual could not purchase and prepare meals because of the disability, the agency must consider the individual disabled even if the disability is not specifically mentioned on the SSA list. If the disability is not obvious, the EW must verify the disability by a statement from a **licensed medical provider** or licensed or certified psychologist, along with a statement that, in the doctor's opinion, the disability prevents the individual from purchasing and preparing meals.

Disabled for Determining Eligibility for Group Homes, Medical Expenses, Unlimited Shelter Expenses, Net Income Standards, 24-month Certification Periods, Resource Eligibility, Immigration Eligibility, Exemption from Interim Reporting

Verification of this evaluation of disability, as noted in Definitions, will usually be determined by receipt of or approval for certain income sources or benefits. For example, approval for or receipt of a disability check from the SSA, including SSI, verifies disability.

1. Child Support Payments

A household member's legal obligation to pay child support, the obligated amount of support to be paid, and the amount of child support actually paid must be verified in order to allow a deduction.

Documents which may be used to verify the household's legal obligation to pay child support and the obligated amount include a court or administrative order, or a legally enforceable separation agreement. The actual payment of support may be verified through such methods as cancelled checks, withholding statements from wages or unemployment compensation, statements from custodial parents about direct payments or payments made to third parties, or payment records of the Division of Child Support Enforcement. The same document accepted as verification of the legal obligation to pay child support may not also be used as the verification of the amount of child support actually paid monthly.



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2. Verification of Questionable Information (7 CFR 273.2(f)(2))

Local agencies shall not verify any other factors of eligibility prior to certification unless they are questionable and affect a household's eligibility or benefit level. To be considered questionable, the information on the application must be:

- a. inconsistent with statements made by the applicant;
- b. inconsistent with other information on the application or previous applications; or,
- c. inconsistent with any other information received by the local agency.

When determining if information is questionable, the local agency must base the decision on each household's individual circumstances. A household's report of paid expenses that exceed its income may be grounds for a determination that further verification is required. This circumstance alone may not be grounds for a denial. The local agency must explore with the household how it is managing its finances; whether the household receives excluded income or has resources, and how long the household has managed under these circumstances.

If the agency needs verification to resolve questionable information, the local agency must document why it considered the information questionable. The documentation must also include the verification the agency used to resolve the questionable information.

The definition of questionable information contained in this chapter applies to all references of questionable information throughout this manual.

3. Sources of Verification (7 CFR 273.2(f)(4))

Documentary Evidence

Local agencies must use documentary evidence as the primary source of verification. Documentary evidence means written confirmation of a household's circumstances. Examples include wage stubs, rent receipts, and utility bills. The EW is responsible for determining if the evidence provided is sufficient to determine eligibility. Evidence is sufficient if the agency can derive correct information about the element from the evidence provided. For example, the EW may use the Year-to-Date totals on pay stubs to establish a missing amount.



Although documentary evidence is the primary source of verification, acceptable verification is not limited to any single type of document. The agency may obtain the information through the household or other sources. The local agency must use alternate sources of verification such as collateral contacts and home visits whenever the EW cannot obtain documentary evidence.

To verify residency, a collateral contact, as well as documentary evidence, will serve as a primary source of verification.

When attempts to verify countable income and liquid resources prove to be unsuccessful, the EW must determine an amount to be used for food stamp purposes based on the best available information. The agency may use the household's statement if alternate sources of verification are not available or are uncooperative with the household and the agency.

Example

A farm owner refuses to verify a tenant's income. The local Migrant Seasonal Farmworker's Association (MSFA) or Agriculture Stabilization and Conservation Service (ASCS) may be able to provide information as to what the household member might expect to receive.

Where information from another source contradicts statements made by the household, the household must have an opportunity to resolve the discrepancy prior to an eligibility determination and within the maximum time limits described in [Part II.F](#).

Example

A farm owner reports that the applicant, a tenant farmer, earned a specified amount from the sale of a crop. The applicant reports that this amount is incorrect. If there is no one else to verify the income, and the applicant himself is unable to do so, the agency could use an estimate provided by the Agriculture Stabilization and Conservation Service (ASCS).

Collateral Contacts and Home Visits

A collateral contact is a verbal confirmation of a household's circumstances by a person outside of the household. The person supplying the information may be either in person or over the telephone. Before approval of the initial application/reapplication, the local agency may select a collateral contact only if the household fails to designate one or designates one that is unacceptable to the local agency. Examples of acceptable collateral



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contacts include employers, landlords, social service agencies, migrant service agencies, and neighbors of the household who are able to provide accurate third party verification. If the local agency designates a collateral contact, the agency may not make the contact without prior written or oral notice to the household. At the time of this notice, the agency must inform the household that it has the following options:

- a. Consent to the contact;
- b. Provide acceptable verification in another form; or,
- c. Withdraw its application.

If the household refuses to choose one of these options, the agency must deny the application in accordance with the normal procedures for failure to verify necessary information.

When the EW contacts the collateral contact, the EW must not disclose that the household applied for benefits or share any of the information provided by the household. In addition, the EW may not suggest wrongdoing by the household. The EW may disclose to the collateral contact only that information the contact needs to supply the information the agency seeks.

Systems of records to which an agency has routine access are not collateral contacts and, therefore, the household does not need to designate them. Examples include APECS, BENDEX, SDX, VEC, or the SVES inquiry system.

Before approval of the initial application/reapplication, home visits may serve as verification but only if the agency cannot obtain documentary evidence. The EW must schedule the visit in advance with the household for a time that is acceptable to the household.

Upon approval of the application, the requirements for selection of a collateral contact by the household and advance notification of the collateral contact or home visit no longer apply when deemed necessary for the investigation of a possible overissuance. Documentation is necessary before making the collateral contact or home visit as to the information received that indicates the possibility of an overissuance. For example, after the agency approves an application, the agency may make a home visit without advance notification if an anonymous caller identified an additional household member. The investigation may be to evaluate the possibility of an overissuance that already occurred or to prevent an overissuance from occurring in the future.

Home visits deemed necessary for front-end or preventative investigations are not subject to advance notification and scheduling requirements with the household. Inconsistencies in a household's circumstances may warrant preventative investigations.



4. Checklist of Needed Verifications

The agency must provide a checklist that informs each applying household of the verifications the agency needs to process the application and the date by which the household must provide information. The agency must provide the checklist for each new application, reapplication and recertification application filed.

B. RESPONSIBILITY FOR OBTAINING VERIFICATION (7 CFR 273.2(f)(5))

The household has primary responsibility for providing documentary evidence to support statements on the application and to resolve any questionable information. Unless verification is readily available to the household, the household is not responsible for providing verification of reported unearned income for which verification is accessible to the local agency through systems of records. These records include APECS, SVES, and the VEC inquiry of unemployment benefits. The agency should access the SDX system only as an alternate method when an applicant's Social Security Number is not available or when the SVES record is unavailable. The screener must document the case record to note why the SDX system was used and why SVES was not used.

In addition to using certain information systems to verify income, the agency must review all systems available to determine the accuracy of information presented on applications for food stamps. This screening of systems for each household member must take place before the approval of all applications. Systems that must be evaluated include those listed above and VEC for employment. The agency may need to use either the household member's name or Social Security number to conduct the screenings. The agency must resolve discrepancies noted between the completed application and automated reports before the approval of the application.

The local agency must assist the household in obtaining requested verifications provided the household is cooperating with the agency as outlined in [Part II.C](#). Households may supply documentary evidence in person, through the mail, by facsimile or other electronic means, or through an authorized representative. The local agency may not require the household to present verification in person at the food stamp office. The agency must accept any reasonable documentary evidence provided by the household. The focus of the agency must be primarily on how adequately the verification proves the statements on the application.

Whenever a collateral contact must substitute for documentary evidence because documentary evidence is not available, the local agency must generally rely on the household to provide the name of a collateral contact. The household may request assistance in designating a collateral



contact. The local agency is not required to use a collateral contact designated by the household if the collateral contact cannot provide accurate third party verification. When the collateral contact designated by the household is unacceptable, the local agency must ask the household to designate another collateral contact or the local agency must designate the collateral contact itself. The local agency is responsible for obtaining verification from acceptable collateral contacts.

The eligibility worker may contact only those persons designated as collateral contacts with the permission of the client. In the absence of documentary evidence and any other source of verification, the EW must determine the amount to use for certification purposes based on the best available information.

There may be instances when outside knowledge of an application for food stamps may jeopardize the employment or safety of the applicant. For example, an employer or a migrant worker's crew leader may discourage a household's participation in the Food Stamp Program. In such instances, the agency must determine that the crew leader and/or employer are unavailable as sources of verification.

C. DOCUMENTATION (7 CFR 273.2(f)(6))

The EW must document case files to support eligibility, ineligibility, and benefit level determinations. The documentation must be in sufficient detail to permit a supervisor or reviewer to determine the reasonableness and accuracy of the determination. The documentation must also indicate that the agency gave the household options to which the household is entitled. Documentation includes, but is not limited to, the following:

1. The reason for withdrawal of an application, if the household provides a reason and confirmation of the withdrawal. (Part I.B.4.)
2. Details regarding refusal to cooperate. (Part II.C.)
3. The reason the agency grants or denies a request for a waiver to the office interview. (Part II.E.)
4. The reason the EW considered information questionable and the information used to resolve the questionable information. This should include an evaluation of the household's actual expenses, if allowing the utility or telephone standard causes the expenses to exceed the income. This evaluation should address if there are unreported sources of income or resources when the income is insufficient to allow the household to meet its financial obligations. (Part III.A.2.)



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5. The reason the EW considered an alternate source of verification (a collateral contact or home visit) necessary. Note that in verifying residency, a collateral contact is a primary source of verification. (Part III.A.3.)
6. The reason the EW rejected a collateral contact and requested an alternate or why the agency designated the collateral contact. (Parts III.A.3 and III.B.)
7. A statement that the use of the standard utility allowance or actual utility costs was a decision made by the household. (Part X.A.)
8. Results of record/information systems reviews for pending applications. (Part III.B.)
9. An explanation as to why the household could not reasonably verify residency, e.g., the household has just recently arrived in the locality. (Part III.A.1.a.)
10. Whenever the agency must verify earned income, the EW must verify and document the rate and frequency of pay. The EW must determine the payment cycle and document on what day(s) the client receives pay and when the wages earned during a pay period are available.
11. The number of hours, period and place of employment or other activity used to regain eligibility for the work requirement. (Part XV.C.)

D. VERIFICATION AT RECERTIFICATION (7 CFR 273.2(f)(8))

At recertification, the agency must verify eligibility factors to determine a household's continued eligibility for food stamps and the amount of benefits to which the household is eligible. In most instances, the agency must verify only the elements that have changed since the last verification. The agency must not verify unchanged information unless the information is incomplete, inaccurate, inconsistent or outdated. The agency must verify all eligibility factors at least once in a 12-month period.

In addition to the verification requirements for recertification applications, the EW must monitor all available information systems for all household members as addressed in Part III.B.

Households must supply requested verifications to allow the EW to anticipate income and expenses properly for the new certification period. Generally, the EW must request information from the month before the last month of certification. For households that file recertification applications after the certification period ends or in



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the month before the last month of certification, the EW must request verification that reasonably will reflect the first month of the new certification period.

The following chart lists items the EW must verify at recertification.

Verification at Recertification

Earned Income	Verify amount.
Unearned Income	Verify changes in the source or the amount if changed by more than \$25.
Medical Expenses for a Household Member Who Is Eligible for Medical Deductions	Verify any previously unreported or recurring expenses if changed by more than \$25. Verify any expenses reasonably expected to be incurred in the certification period.
Actual Utility Expenses for Households Opting to Use Actual Expenses	Verify changes in the source or the amount if changed by more than \$25.
Dependent Care Costs	Verify changes in the source or the amount if changed.
Shelter Costs Other Than Utilities.	Verify changes in the source or the amount if changed.
Child Support Expense	Verify new obligation if the obligation changed. Verify the amount paid.
<b>Work hours or other work activity hours of an individual subject to the work requirement who is not receiving time-limited benefits because of a work activity</b>	<b>Verify that the weekly average is 20 hours or more for the number of hours an individual is working, participating in a work program, or involved in volunteer effort. Verify that the number of hours assigned for the FSET work experience component is met.</b>

In addition to the items above, the agency must **address** the following items:

- ♦ Change in alien status;
- ♦ Change in loans;
- ♦ Change in resources;
- ♦ Change affecting entitlement to utility and/or telephone standard;
- ♦ Identity of the person filing the recertification application if this person's identity had not previously been verified;
- ♦ Change in residency;
- ♦ **Newly obtained Social Security numbers**
- ♦ Incomplete, inaccurate, inconsistent or outdated items; or
- ♦ Questionable information, as defined in [Part III.A.2.](#)



**E. VERIFICATION DURING THE CERTIFICATION PERIOD**

The provisions of this chapter do not apply to verifications of changed elements reported through the Interim Report. See [Part XIV.B.2.c](#). The verification requirements addressed here are not dependent on whether a household is required to report the change. The agency must address changes, as outlined in [Part XIV.A.2](#), and may need to verify the information regardless of whether the household is required to report the change. See [Part XIV.A.1](#) for reporting requirements.

**1. Impact on the Benefit Level**

During the certification period, households may need to verify information if household circumstances change. For changed information that is unrelated to the Interim Report, households must verify elements that cause an allotment to increase. The benefit amount for the first month after the change may reflect the reported change without verification, if the verification is unavailable.

The agency must obtain verification of the change before the household can receive the second issuance of benefits that reflects the change. If the household does not provide verification within 10 days of the verification request, the agency must change the allotment back to the original amount certified before the change was entered. The agency does not have to issue an advance notice if benefits revert to the original level because of the lack of verification if the previous notice so advised the household at the time of the increase.

For changes that result in a decrease in the amount of food stamp benefits or that cause no change in the amount of food stamp benefits, the agency must act on the change with or without verification of the change. If the agency does not verify the changed element at the time of handling the change, the agency must verify the element in conjunction with processing the Interim Report, if applicable, but not later than for the next recertification.

**2. Verification Requirements**

The agency must verify the following elements if changes are reported:

- Earned income. Verify the new amount.
- Unearned income if the source changed or the amount changed by more than \$25 since the last verification.



- Number of hours worked or performed for a work activity for persons subject to the work requirement.
- Voluntarily reported medical expenses if the amount changed by more than \$25 since the last verification. If the EW learns of a change in medical expenses, from a source other than the household, the EW must act on the change if the expense is verified upon receipt and if the EW can make the change without additional information or verification from the household. If the change requires additional information from the household, the EW may not act on the change during the certification period.
- Shelter expenses, including actual utility expenses, if the amount changed by more than \$25 since the last verification.
- Dependent care expenses if the amount changed by more than \$25 since the last verification.
- The legal obligation to pay child support or the amount actually paid.

In addition to verifying changed elements that may affect the benefit amount, the agency must address other changes when changes occur, but no later than at recertification, for elements such as:

- Residency
- Identity (if the person whose identity was verified is no longer a household member)
- Immigrant status
- Liquid resources
- Money received that is reported as a loan

The agency must request verification for any changes where the information provided is questionable, as defined in [Part III.A.2](#), or for information that is incomplete, inaccurate, inconsistent or outdated. The local agency cannot require verification of other changes, except as indicated here, but the agency may seek clarification or explanations of the household's circumstances.

When attempts to verify mandated items are unsuccessful because someone outside the household fails to cooperate with the household or the local agency, the EW must determine the information to be used for food stamp purposes based on the best available information. The agency must explore alternate sources of verification available.



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**F. INCOME ELIGIBILITY VERIFICATION SYSTEM (IEVS) (7 CFR 273.2(f)(9))**

The Income Eligibility Verification System (IEVS) provides information by running matches of the client population against the files of other state and federal agencies. These include:

- the Social Security Administration for earnings information from the Benefit Exchange Earnings Records (BEERS);
- the Virginia Employment Commission for new hire information; and
- the Internal Revenue Service for unearned income, such as interest income (RES).

The purpose of the matches is to determine whether available information is known to local social services departments.

Information from IEVS matches is considered unverified. Prior to taking action to terminate, deny or reduce benefits, agencies must independently verify the amount of the asset or income involved, and whether the asset or income is or was accessible to the household.

The agency must obtain independent verification of information obtained from IEVS by contacting the household and/or the appropriate source of the income or resource. If the agency opts to contact the household, the contact must be in writing, informing the household of the information received, and requesting that the household respond within 10 days. If the household fails to respond in a timely manner, the agency must send an advance notice to terminate the case. The agency may contact the appropriate source of the information. Once independent verification is provided, either by the household or source, the agency must properly notify the household of the action it intends to take and provide the household with an opportunity to request a fair hearing prior to any adverse action.



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SUGGESTED CLIENT LETTER ON SSN UPDATE

Case number  
Case name  
Case address  
Date

Dear \_\_\_\_\_

We have attempted to verify the Social Security number for \_\_\_\_\_ through an online system for the Social Security Administration, (SSA). Information from that system shows that the number you provided is not the same as what we have in your public assistance/food stamp record.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please take verification of your \_\_\_\_\_ to the SSA office nearest you to have this information corrected.

Please have the representative at the SSA Office complete the bottom of this page to verify that you have completed this requirement.

Return this form to the Department of Social Services by: \_\_\_\_\_

EW's Signature

\_\_\_\_\_  
To Be Completed By Social Security:

\_\_\_\_\_, has provided the Social Security Administration with the information/documentation necessary to update the records on this individual.

\_\_\_\_\_  
Signature of SSA Representative

\_\_\_\_\_  
Date



PART IV CERTIFICATION PERIODS/RECERTIFICATION

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A. CERTIFICATION PERIODS (7 CFR 273.10(f))

The local agency must assign a certification period once the agency determines that a household is eligible to participate in the Food Stamp Program. A certification period is the period of time within which a household is eligible to receive benefits. Certification periods vary depending on the particular circumstances of the individual household. No household may have a certification period of more than twelve (12) months, except for households comprised of elderly or disabled members as discussed in Section 2 below.

1. Assigning A Certification Period

All certification periods are based on calendar months. At initial application and reapplication, the first month in the certification period is normally the month of application. At recertification, the first month in the certification period is the month following the last month in the previous certification period. The beginning date of the certification period will generally be the filing date of the application for initial applications, reapplications, and recertification applications filed after the previous certification period expired.

The agency does not need to assign the same certification period at each new certification. Rather, the agency must assign a period for each household based on individual circumstances and household characteristics at the time of consideration.

Eligibility for benefits will cease at the end of each certification period. Participation may not continue beyond the end of the certification period without a new determination of eligibility. The household must receive written notification that the benefit period is ending. The agency may use the *Notice of Expiration* or the *Notice of Action and Expiration* for this purpose depending on the length of the certification period and the timing of the application approval. Time frames for providing the *Notice of Expiration* for the end of the certification period are described in [Part IV.C](#).

2. Maximum Certification Periods

The maximum amount of time a household may have as a certification period is dependent on a household's circumstances as shown below. The EW should assign a shorter period than listed if an applicant household's circumstances do not warrant the maximum period. The EW must take into account anticipated changes or other factors that may affect eligibility when setting the certification period. The minimum certification period for all households will be one month.



The month when a household receives a partial month's allotment or receives no allotment because of proration will count toward the allowable maximum period.

<u>Period</u>	<u>Household Characteristics</u>
24 months	<ul style="list-style-type: none"> <li>Households in which all members are 60 years of age or older or all members are disabled, as defined in Definitions, may have a certification period up to 24 months as long as there is no earned income in the household. These households must file an Interim Report of their circumstances by the 12<sup>th</sup> month to receive benefits for the final 12 months of the certification period. See <a href="#">Part IV.C.8</a> and <a href="#">Part XIV.B</a>.</li> </ul>
12 months	<ul style="list-style-type: none"> <li>Households in which all adult members are 60 years of age or older or all adult members are disabled, as defined in Definitions, may have a certification period up to 12 months as long as there is no earned income in the household.</li> </ul>
up to 6 months	<ul style="list-style-type: none"> <li>Households in which all members are homeless, as defined in Definitions, may have a certification period of up to six months depending on individual household circumstances.</li> </ul>
up to 6 months	<ul style="list-style-type: none"> <li>Households in which at least one adult member meets the definition of a migrant or seasonal farm worker, as defined in Definitions, may have a certification period of up to six months depending on individual household circumstances.</li> </ul>
6 months	<ul style="list-style-type: none"> <li>Households in which any member is eligible for time-limited benefits through the Work Requirement may receive benefits for no more than six months. Benefits for the certification period will be allowed as follows: one month of prorated benefits, if appropriate, up to three months of time-limited benefits and a varying number of months of special exemption benefits. See <a href="#">Part XV</a> for determining eligibility for the Work Requirement.</li> </ul>
5 months	<ul style="list-style-type: none"> <li>Households that receive Transitional Benefits for former TANF recipients may receive frozen benefits for five months. Note that ongoing households must have their certification periods lengthened or shortened to the five-month limit. See <a href="#">Parts XII.I</a> and <a href="#">IV.D.3</a> for a discussion of Transitional Benefits.</li> </ul>



- 12 months      • **All other households not addressed above must have a certification period of 12 months and must file an Interim Report of their circumstances by the sixth month. See [Part XIV.B](#).**

The face-to-face interview must occur at least once every twelve months for all households except the households given a 24-month period. The agency may waive the in-office interview for households on a case-by-case basis.

B. NOTICE OF ELIGIBILITY, DENIAL OR PENDING STATUS  
(7 CFR 273.10(g)(1))

Each household must receive a written decision made on its application at initial application, recertification and reapplication. There are three types of action that the agency may take on an application:

1. the agency may find the household eligible for benefits;
2. the agency may find household ineligible; or
3. the agency cannot determine the household's eligibility within the required time frame and the case remains pending.

The agency must send the *Notice of Action* to inform the household of the disposition of its application, recertification or reapplication. The agency may use the *Notice of Action and Expiration* to inform the household of the approval of the application in the last month of certification. The forms and instructions are in [Part XXIV](#). The agency must provide the Appeals and Fair Hearings pamphlet when it uses computer-generated *Notices of Action* for denied applications.



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### C. RECERTIFICATION

Each household may apply for recertification before the expiration of the certification period in which it is currently participating.

The EW must base eligibility for recertification on circumstances anticipated for the month following the expiration of the current certification period. The same anticipated circumstances must be the basis for the level of benefits for the recertification period.

The local agency must complete the application process if the household meets all the requirements and finishes the necessary processing steps in a timely manner, as defined in this chapter, and approve or deny timely applications for recertification prior to the end of the household's current certification period. The agency must provide eligible households an opportunity to participate by the first of the month following the end of its current certification period.

A household may not receive benefits beyond the end of its certification period unless the household recertifies or unless the agency opts to extend the certification period to match a TANF or Medicaid review period. See [Part IV.D](#) for information and limitations on lengthening certification periods.

The joint processing requirements of [Part II.H.1](#) apply to recertification applications. Expedited service processing provisions of Part V apply to recertification applications filed during the month after the previous certification period ends.

The remainder of this chapter describes the processing requirements for recertification applications and the timeframes for each.

#### 1. Notice of Expiration (7 CFR 273.14(b))

The local agency must advise the household that the certification period is about to expire and that a new application is necessary to establish further entitlement. The agency must send the *Notice of Expiration* form to notify households of the end of the certification period. See [Part XXIV](#) for the form and instructions.

Except as noted below, households must receive the *Notice of Expiration* no later than the last day of the next to the last month of the current certification period, but not earlier than the first day of the next to the last month of the current certification period. When the agency mails the *Notice of Expiration*, allow two days for delivery in addition to the postmark date. Regardless of when the agency assigns the interview date, the recertification application will be timely if the household files the application by the 15th calendar day of the last month of certification.



TANF or GR households whose applications are jointly processed for food stamps and TANF or GR benefits in accordance with [Part II.H.1.](#), need not receive a *Notice of Expiration* if they have already filed an application for the PA redetermination and recertification for Food Stamps by the time the *Notice of Expiration* would have to be provided.

If the agency approves an application in the last month of the certification period, the agency must give (or mail, if the applicant is not present) the *Notice of Expiration* to the household at the time of certification. These instances include households that the agency certified only for the month of application and those that the agency assigned a two-month certification period only for including benefits retroactive to the month of application. The household has 15 calendar days from the date of the notice to file a timely application for recertification. The agency may use the *Notice of Action and Expiration* in place of the *Notice of Expiration* and the *Notice of Action* for these households.

2. Timely Application for Recertification (7 CFR 273.14(c))

Timely applications for recertification are:

- a. Households certified in the last month of the certification period, have 15 calendar days from the issuance of the *Notice of Expiration* to file a timely application for recertification. This section applies to households the agency certifies for the month of application only or for a two-month certification period to include benefits retroactive to the month of application.

Example

Date Application Filed: July 20  
Date Certified and **benefits issued and available:**  
August 12  
Certification Period: July 20 to August 31  
Date Notice of Expiration must be mailed: August 12  
Date Application must be filed in order for the household to be assured of uninterrupted benefits: August 29  
(August 12 plus 15 days plus 2 days for mailing)

- b. Applications filed by households that submitted completed applications by the 15th day of the last month of the current certification period are timely applications for recertification.



Any household that does not timely file its application for recertification will lose its right to uninterrupted benefits. The agency must approve or deny the application by the 30th day after the filing date as long as the household has at least 10 days to provide all needed verifications.

NOTE: For households entitled to file applications for recertification at the SSA office under the provisions of [Part II.H.2.](#), the application filing date will be the date the SSA receives the signed application.

3. Recertification Interviews (7 CFR 273.14(b)(3))

A household that receives a *Notice of Expiration* must attend an interview scheduled by the local agency for a date that is on or after a timely application date, to retain its right to uninterrupted benefits. **A face-to-face interview must occur with all households at least once every 12 months except for households assigned a 24-month certification period. The interview the agency schedules therefore may be face-to-face, by telephone, or by a prearranged home visit.**

The agency must schedule interviews for timely filed recertification applications to allow households sufficient time (at least 10 days) to provide necessary verifications to protect the household's right to uninterrupted benefits. However, an interview is still timely if the agency conducts it by the last date the household can provide necessary verifications in order to receive uninterrupted benefits.

The local agency may schedule an interview for a date before the last month of the certification period. **The agency may not deny the household, however, if the household has not yet filed an application.** The agency may not deny the household if the household fails to appear for the interview.

If the agency does not provide the interview date with the *Notice of Expiration*, or by some other means, before the household files its recertification application, then the agency must schedule an interview **when the household files an application. If the household misses this scheduled interview, the agency must mail the Request for Verification form to indicate that the household missed the interview. If the household does not reschedule the interview, the agency must deny the application at the end of the processing period.**

If the agency schedules an interview on the *Notice of Expiration*, or by some other means, prior to receiving a timely application, the **agency must take no other action if the household misses that interview. If the household files a timely application, the agency must schedule another interview** and give uninterrupted benefits as long as the household provides all necessary verifications before the certification period expires.



If the household files its application for recertification in a timely manner, but due to its fault, is not interviewed in a timely manner, then the household will lose its right to uninterrupted benefits. The agency must take action on the application by the 30th day from the day the application was filed as long as the household has been given at least 10 days to provide needed verifications.

For households that file untimely recertification applications, the agency must schedule interviews to allow households sufficient time (at least 10 days) to provide necessary verifications by the 30-day processing standard.

4. Time Frames for Providing Verification at Recertification  
(7 CFR 273.14(b)(4))

The household must provide any verifications necessary to process a timely recertification application within 10 calendar days of the agency's request or by the last day of the certification period, whichever is later. If the household does not provide verification timely, the household will lose its right to uninterrupted benefits.

The agency must approve or deny the application by the 30th day after the filing date as long as the household has had at least 10 days to provide the verification requested.

5. Agency Action on Timely Applications for Recertification  
(7 CFR 273.14(d))

If a household filed a timely application for recertification, in accordance with [Part IV.C.2.](#), attended an interview, in accordance with [Part IV.C.3.](#) and provided all needed verifications within the time frames given in [Part IV.C.4.](#), the local agency must provide uninterrupted benefits to the household.

The time standards for providing uninterrupted benefits are as follows:

- a. A household certified in the last month of its certification period must get notification of the eligibility or ineligibility, and be provided an opportunity to participate no later than 30 calendar days after the date the household had an opportunity to obtain its last allotment.
- b. Any other household must have the *Notice of Action* to approve or deny the case mailed by the last day of the current certification period. An eligible household must have an opportunity to participate by **the first day of** the first month of the new certification period.



A household that files a timely application, appears for a timely interview, but the agency does not determine the household eligible in time to provide an opportunity to participate by the normal **processing period** because of the 10-day time frame for providing verification, must have an opportunity to participate, if eligible, within 5 working days after the household supplies the missing verification. **The agency may not prorate benefits if the household provides requested information within the 10-day period.**

A household that submits a timely application for recertification in accordance with [Part IV.C.2.](#), but the agency does not determine eligibility in enough time to provide for issuance **for uninterrupted benefits**, the agency must give the household an opportunity to participate the next working day after determining the household eligible. **The household must receive a full month's allotment for the first month of the new certification period.**

6. Household Failure to Act (7CFR 273.14(e))

A household that submits a timely application for recertification and meets all other required processing steps must have the right to receive uninterrupted benefits, as defined in [Part IV.C.5.](#) A household that fails to appear for an interview, however, in accordance with [Part IV.C.3.](#), or to submit any required verifications in accordance with [Part IV.C.4.](#), will lose its right to uninterrupted benefits, as long as the failures occur after the deadline for filing a timely application as required in [Part IV.C.2.](#)

a. Failure to File a Timely Application

A household that fails to file a timely application for recertification, **but who files an application during the last month of certification**, must have an opportunity to participate within 30 calendar days after the application filing date, if eligible. The local agency must determine a household's eligibility and allow at least 10 days for the household to provide needed verification.

**The local agency must assess a household's entitlement to expedited service processing whenever a household files an application for recertification during the month after the certification period expires. If the household is eligible for benefits, the local agency must provide an opportunity to participate within seven calendar days of the application filing date. If the household is not entitled to expedited processing, the agency must determine eligibility and provide benefits within 30 calendar days.**



b. Failure to Attend an Interview

A household that submits a timely recertification application but who is not interviewed timely has no entitlement to uninterrupted benefits. The local agency must, at a minimum, provide an eligible household with an opportunity to participate within 30 calendar days after the application filing date. The local agency must send the *Request for Verification/Missed Interview* form if the household misses the scheduled interview.

Example

A household files a timely recertification application on January 14. The household misses its scheduled interview set for the 14<sup>th</sup> so the EW sends the *Request for Verification/Missed Interview* form. The household asks for and attends an interview on February 2. The agency must act on the application by February 13, as long as the household has had at least 10 days to provide necessary verifications.

c. Failure to Provide Verification

If a household submits a timely recertification application but submits required verifications untimely, the agency must provide an opportunity to participate by the 30th day after the application filing date. Untimely means that the household did not provide the information within 10 days of the request date or by the last day of the certification period, whichever is later.

Example

A household files a timely application for recertification on the 12th of the month and attends its interview the same day. The household provides all needed verifications by the 25th. The agency must provide uninterrupted benefits to the household since the household met all the timeliness standards.

If the household does not provide needed verifications until the second of the following month, the agency must act by the 12th of the following month (30 days after the application filing date).



7. Early Filing of Recertifications

If a household files an application for recertification more than two calendar months before the end of the current certification period, the agency must deny the application as a duplicate application on file. If the household files the application so that the 30th day following the filing is before the end of the current certification period, the agency must extend the processing time for the case from 30 days to the end of the current certification period.

8. Mandatory Review of Eligibility for 24-Month Certification Periods

A review of eligibility for households certified up to 24 months must occur during the certification period. **The review must take place anytime a case has a certification period that is over 12 months.** The agency must conduct a review of the household's eligibility during the eleventh month of certification.

**The Virginia Department of Social Services will send households an Interim Report form to complete the review. The EW must note the frequency for sending the Interim Report in ADAPT to initiate the review process.**

**The EW must assess the returned Interim Report form for completeness and must use the information submitted on the report to determine the household's eligibility. If the household fails to submit a completed Interim Report or to submit required verification or information, the household's case will automatically close at the end of the 13<sup>th</sup> month of the certification period unless the EW takes action to close the case earlier based on the information presented on the Interim Report. In addition, ADAPT will suspend benefits for the 13<sup>th</sup> month to ensure completion of the interim review. See [Part XIV.B](#) for a discussion of the Interim Report process.**

D. CHANGING THE LENGTH OF THE CERTIFICATION PERIOD

1. Shortening Certification Periods

Once the agency determines a household eligible for benefits, the agency must establish the number of months the household may receive benefits before the household must file another application and have the eligibility process begin again. A certification may range from one month to 24 months in length. Once the agency establishes the certification period, the agency may not shorten the period to initiate the recertification period. The agency may shorten the certification period only for households due Transitional Benefits.



If the agency determines that the household is not eligible for benefits because of changed circumstances, the agency must send an adverse action notice (*Notice of Action* or *Advance Notice of Proposed Action*) to close the case. If the agency is unable to determine the household's eligibility because of suspected changes in the household's circumstances, the agency must send the household the *Request for Verification/Missed Interview* to request information from the household. The household will have ten days to respond to the agency request for contact and submission of information.

The agency must send an adverse action notice to terminate benefits if the household does not respond timely or completely to the notice. If the household responds timely and completely and the response causes the household to be eligible for a lesser amount of benefits, the agency must send an adverse action notice to reduce the benefits. See [Part XIV.A](#) for other information on handling changes.

2. Lengthening Certification Periods

At its option, the local agency may lengthen a household's certification period to align the food stamp certification period with the review period established for the Medicaid or TANF Programs. The original period and the extended period together may not exceed the 24- or 12-month limits as addressed in [Part IV.A.2](#). The agency must send the household a Notice of Action to advise of the revised certification period.

3. Adjusting Certification Periods for Transitional Benefits

In most instances, when a household's TANF grant terminates, the EW must switch the household's food stamp eligibility to the Transitional Benefits component. A household may receive Transitional Benefits for a maximum of five months. The EW must shorten the certification period so that the original certification period will expire at the end of five months if more than five months remain in the original period at the time of the conversion. If there are fewer than five months left in the original certification period at the time of the conversion to Transitional Benefits, the EW must lengthen the certification period to allow for a five-month period. The EW must use the *Notice of Action* to notify the household of the reassigned certification period and the amount of the benefits at the time of the conversion to Transitional Benefits. See [Part XII.I](#).



PART V

EXPEDITED SERVICES

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A. ENTITLEMENT TO EXPEDITED SERVICE (7 CFR 273.2(i)(1))

The following households are entitled to expedited services:

1. Households with less than \$150 in monthly gross income, provided their liquid resources (e.g. cash on hand, checking and savings accounts, savings certificates, and lump sum payments as described in [Part IX.C.](#)) do not exceed \$100;
2. Migrant or seasonal farmworker households who are destitute, as defined in [Part V.F.](#), provided their liquid resources do not exceed \$100;
3. Households whose combined monthly gross income and liquid resources are less than the household's incurred monthly rent or mortgage, and utilities, regardless of how or if the household pays the expenses. If the household indicates it incurs separate heating or cooling costs or that it receives Low Income Home Energy Assistance Program benefits, the agency may use the utility standard, unless the household chooses to use actual costs.

Exempted resources and excluded income are not considered in making the expedited determination. The penalty PA income for noncompliance and income that has been averaged, such as self-employment, contract, etc., must be counted however.

Expedited services processing will apply at initial application, reapplication **or for households that file recertification applications during the month after the certification period expires.**

B. IDENTIFYING HOUSEHOLDS NEEDING EXPEDITED SERVICE

The local agency must design its application procedures to identify households eligible for expedited service once the household files an application. The agency must designate personnel to be responsible for screening applicants as they contact the agency to request assistance or to be responsible for reviewing applications for entitlement if the applicant is not in the agency to allow the screening. If the applicant is not in the agency and the applicant failed to complete the application sufficiently for the agency to screen successfully, the agency must attempt to contact the household by telephone, if a number is on the application.

If the local agency discovers that a household is entitled to expedited service after the initial screening failed to identify entitlement, the local agency must provide expedited service to the household within the processing standards described in [Part V.C.](#)

The local agency may use the Expedited Service Checklist in [Part XXIV](#), Forms, to carry out the screening function.



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C. PROCESSING STANDARDS (7 CFR 273.2(i)(3)(i))

For households entitled to expedited service, except those households entitled to a waiver of the office interview, the local agency must make food stamp benefits available to the household no later than seven calendar days after the application filing date. For residents of public institutions who apply for SSI and food stamp benefits before release from the institution, the food stamp application filing date is the date the applicant is released from the institution. Eligible households that apply after the 15<sup>th</sup> day of the month must also receive benefits for the month following the month of application by the seventh day.

If the agency discovers that a household is entitled to expedited service at any time during the seven-day period after the application date, the agency must provide the benefits by the seventh day of the application. If the agency makes the expedited entitlement discovery after the seventh day of the application date, the agency must provide benefits within seven calendar days of the discovery date.

Eligible households that provide all information needed to process the expedited application within seven calendar days following the date of application are entitled to receive benefits within seven calendar days following the date of application. If the household provides the information after the seventh day following the date of application, the agency has seven calendar days to process the application, beginning with the date the household provides the information. If the household does not provide requested information by the 30th day, the agency must send the household a notice to extend the processing of the case for an additional 30 days. The agency must inform the household of the normal verification standards that the household must now meet in order to determine eligibility. Procedures for verifying information used to determine eligibility are in [Part V.D.](#)

Out-of-Office Interviews (7 CFR 273.2(i)(3)(iii))

If a household is entitled to expedited service and is also entitled to a waiver of the office interview under the provisions in [Part II.D.](#), the local agency must conduct the interview (unless the household cannot be reached) and complete the application process within the expedited service standards.

The first day of the processing standard count is the calendar day following the application filing. If the local agency conducts a telephone interview and must mail the application to the household for signature, the expedited standards will not include any mailing time involved. Mailing time will only include the days the application is in the mail to and from the household and the days the application is in the household's possession pending signature and mailing.



Example

A household qualifying for an out-of-office interview mails an application reporting no income and no resources. The local agency receives the application on Thursday, December 2. The local agency conducts a telephone interview on Monday, December 6, completes the remainder of the application, and verifies the identity of the household through a collateral contact. That same day, EW mails the application back to the client to be signed again. The agency receives the resigned application on Monday, December 13. The agency must provide the household **with its EBT card and have benefits posted** by Friday, December 17. The period Monday, December 6 through Monday, December 13, inclusive, is considered mailing time and does not count in determining the expedited processing standard.

D. VERIFICATION PROCEDURES FOR EXPEDITED SERVICE (7 CFR 273.2(i)(4)(i); 273.2(i)(4)(ii))

To expedite the certification process, the local agency must postpone all verifications required by [Part III.A.](#), except the identity of the applicant, if the agency is unable to obtain the verifications within the allowable processing time. The agency may verify the identity of the applicant through a collateral contact or readily available documentary evidence. In addition, if the agency is unable to conduct the certification interview within the processing time and an eligibility determination and allotment calculation can be made based on the application or screening process, the agency must postpone the interview.

The agency must make all reasonable efforts to verify the household's residence, income and liquid assets statement (including a statement that the household has no income) and all other mandatory verifications within the expedited processing standards, through collateral contacts or readily available documentary evidence before certification. The agency may not delay benefits beyond the expedited processing standards, however, solely because these eligibility factors have not been verified.

The local agency should attempt to obtain as much additional verification as possible, but should not delay the certification of households entitled to expedited service for the full expedited processing period when the local agency has determined that it is unlikely that other verification can be obtained within this period.



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The applicant must register for employment in accordance with [Part VIII.A.](#), unless exempt or unless an authorized representative applies on the household's behalf. The local agency may attempt to register other household members but must postpone the registration of other household members if it cannot be accomplished within the expedited processing period.

Once the household has supplied the name of an acceptable collateral contact or has asked the local agency for assistance in locating such a contact, the agency shall promptly contact the collateral contact or otherwise assist the household in obtaining the necessary verification. If the household is unable to provide documentary evidence or the name of a collateral contact, the EW must assist the household in obtaining suitable verification.

Households entitled to expedited service must furnish a social security number for each person or apply for one for each person by the postponed verification deadline. Household members who are unable to provide the required social security number or who do not have one prior to the verification deadline may continue to participate only if they satisfy the good cause requirements with respect to social security number policy specified in [Part VII.G.4.](#)

Once the applicant verifies identity and the applicant registers for work, if appropriate, the agency must not delay benefits beyond the delivery standard defined in [Part V.C.](#)

E. CERTIFICATION PROCEDURES FOR EXPEDITED SERVICE (7 CFR 273.2(i)(4)  
(iii)

Households that are certified on an expedited basis and that have provided all necessary verifications as required must have a normal certification period. The length of the certification period and benefit delivery date is determined by the application date.

1. If verification was postponed, and the application was filed on the 1st through the 15th of the month, the local agency may certify the household for the month of application only; or assign a normal certification period to those households whose circumstances would otherwise warrant a longer certification period. In either case, however, benefits may not continue past the month of application if verification continues to be postponed, even if the household is not entitled to an allotment for the month of application because benefits prorated to less than \$10.

If certified only for the month of application, the local agency must send the *Notice of Expiration* in accordance with the provisions of



**Part IV.C.** The household must reapply and complete the verification requirements that were postponed. If a certification period of longer than one month is assigned, the local agency must notify the household in writing that no further benefits will be issued until the postponed verification is completed. The notice must also include information that the household must provide the postponed verification by the 30th day following the date of application or the household's case will be closed.

Additionally, the notice must advise the household that if verification results in changes in the household's eligibility or level of benefits, the local agency shall act on those changes without an advance notice.

In instances when the household is not entitled to an allotment for the month of application, a determination of ineligibility must be made and the denial notice sent within seven days of the application date. If an eligibility determination can be made for the month following the month of application, that determination must also be made within seven days. If eligible, benefits for the month following the month of application must be issued by the normal issuance cycle however; verifications must be obtained before benefits may be issued.

2. The agency must certify a household that applies on or after the 16th day of the month for at least the month of application and the next month or assigned a longer certification period, if circumstances warrant it. The agency must issue prorated benefits to the household for the month of application and the second month's full benefit within the expedited processing time if the household is eligible to receive benefits. The household must receive benefits for the second month at the time of certification regardless of whether verifications have been postponed.

The household must submit postponed verifications no later than the last day of the month following the month of application. The agency must notify the household in writing that the case will be closed if the household does not complete postponed verification by the end of the second month. The household must receive benefits for the third month **by the first day of the month**, or by the seventh working day, whichever is greater.

In instances when the household is not entitled to benefits for the month of application, the household must receive benefits for the month following the month of application, if eligible, within seven days of the application date.

3. There is no limit to the number of times a household can be certified under expedited procedures, as long as, prior to each expedited



certification, the household either completes the verification requirements that were postponed at the last expedited certification; or, was certified under normal processing standards since the last expedited certification.

A household must reapply if the agency closes the case because of the household's failure to provide postponed verifications within the 30 days allowed. If the agency is aware that this is a second expedited application, the household will have seven days following the application date to provide the postponed verifications from the prior application regardless of how long it has been since the prior application. If the household does not provide verifications within the seven days, then the agency must process the reapplication under normal processing guidelines.

The second application must have the same case name as the first expedited application for which the verifications were postponed. If the second application is filed in another locality, then the household may provide the postponed verification to either locality.

A household that requests, but is not entitled to, expedited service, must have the application processed according to normal standards.

F. DESTITUTE MIGRANT OR SEASONAL FARMWORKER HOUSEHOLDS (7 CFR 273.10(e)(3))

Migrant or seasonal farmworker households may have little or no income at the time of application and may be in need of immediate food assistance, even though they receive income at some other time during the month of application. The local agency must use the following procedures to determine when households in these circumstances may be considered destitute and, therefore, entitled to expedited service and special income calculation procedures:

1. Households will be considered destitute and must be provided expedited service when the only income for the month of application was:
  - a. received prior to the date of application; and,
  - b. was from a terminated source.

For migrant workers, the grower, corporation or company is considered the source of income. The crew leader is not considered the source of income. A migrant who moves from one grower, corporation or company is considered to have moved from a terminated income source to a new source. A change of crops, unless it involves a change in growers, is not considered a new source of income.



If income is received on a monthly or more frequent basis, it shall be considered as coming from a terminated source if it will not be received again from the same source during the balance of the month of application or during the following month.

If income is normally received less often than monthly, however, the nonreceipt of income from the same source in the balance of the month of application or in the following month is inappropriate to use as a guideline to determine whether or not the income is terminated. For households that normally receive income less often than monthly, the income shall be considered as coming from a terminated source if it will not be received in the month in which the next payment would normally be received.

2. Households whose only income for the month of application is from a new source shall be considered destitute and shall be provided expedited service if income of more than \$25 from the new source will not be received by the 10th calendar day after the date of application. These households may expect to start receiving income from a new job.

Income which is normally received on a monthly or more frequent basis shall be considered to be from a new source if income of more than \$25 has not been received from that source within 30 days prior to the date the application was filed.

If income is normally received less often than monthly, however, it shall be considered to be from a new source if income of more than \$25 was not received within the last normal interval between payments.

3. Households may receive both income from a terminated source prior to the date of application, and income from a new source after the date of application. They will still be destitute if:
  - a. they receive no other income in the month of application; and,
  - b. income of more than \$25 from the new source will not be received by the 10th day after the date of application.
4. Destitute migrant or seasonal farmworker households shall have their eligibility and level of benefits calculated for the month of application by considering only income which is received between the first of the month and the date of application. Any income from a new source that is anticipated after the day of application shall be disregarded.



5. Some employers provide travel advances to cover the travel costs of new employees who must journey to the location of their new employment. To the extent that these payments are excluded as reimbursements, receipt of travel advances will not affect the determination of when a household is destitute. However, if the travel advance is, by written contract, an advance on wages that will be subtracted from wages later earned by the employee, rather than a reimbursement, the wage advance shall count as income. Nevertheless, the receipt of a wage advance for the travel costs of a new employee shall not affect the determination of whether subsequent payments from the employer are from a new source of income, nor whether a household shall be considered destitute.

Example

If a household applies on May 10, has received a \$50 wage advance for travel from its new employer on May 1, which by written contract is an advance on wages, but will not start receiving any other wages from the employer until May 30, the household shall be considered destitute. The May 30 payment shall be disregarded, but the wage advance received prior to the date of application shall be counted as income.

6. A household's source of income is its employer. The migrant farmworker's source of income shall be considered to be the grower for whom the migrant is working at a particular point in time, and not the crew chief. A migrant who travels with the same crew chief but moves from one grower to another grower shall be considered to have moved from a terminated source of income to a new source of income.



PART VI

HOUSEHOLD COMPOSITION

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A. THE HOUSEHOLD CONCEPT

The Eligibility Worker must determine the composition of the food stamp household. This chapter describes those who do or do not qualify as household members, and the designation of head of household. For the month of application, the household membership as of the day of application is evaluated, including those persons frequently away from home who are included in the household under the provisions of [Part VI.A.6](#).

No one is permitted to receive food stamps as a part of more than one household in the same month, except for residents of a shelter for battered women and children who were members of a household containing the person who had abused them.

1. General Criteria (7 CFR 273.1(a))

A household is composed of one of the following individuals or groups of individuals, provided they are not residents of an institution, except as specified in [Part VII.C.](#), or are not boarders, except as specified in [Part VI.B](#):

- a. An individual living alone.
- b. An individual living with others who customarily purchases and prepares food for home consumption separate and apart from the others.

If an individual has insufficient income and resources to contribute to the purchase of food, certify the individual as a separate household if the individual intends to purchase and prepare food separately, if eligible for food stamp benefits.

- c. A group of individuals living together for whom food is customarily purchased in common and for whom meals are customarily prepared from this food supply by or for all members of the group for home consumption.

Unless there is evidence that contradicts a household's statement, accept the household's word on which household members customarily purchase and prepare meals together, and which members constitute the household for food stamp purposes. Contradictions could include situations where an individual living with others claims to purchase and prepare food apart from the others, but previously the person had been part of the household of the others. Verification in this type of situation can consist of a signed statement from the applicant and a responsible member of the other household attesting to the separate eating arrangements.



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In cases of those without sufficient income and resources who state their intent to purchase and prepare food separate from others in the home after certification, a signed statement can be obtained at recertification to verify that the intended separation took place, if the information is questionable.

2. Required Household Members (7CFR 273.1(a)(2))

The following individuals living with others or groups of individuals living together shall be considered as one food stamp household, even if they do not customarily purchase food and prepare meals together:

- a. A spouse of a member of the household. Spouse refers to either of two individuals who would be defined as married to each other under applicable state law, or are living together and are holding themselves out to the community as husband and wife by representing themselves as such to relatives, friends, neighbors, or tradespeople.
- b. Children under 18 years of age who are under the parental control of an adult household member other than their parents. For the purpose of this provision, children must be financially or otherwise dependent on a household member. Parental control will be assumed to exist if an adult household member has legal custody of a child.
- c. Children 21 years of age or younger who live with natural **or** adoptive **parents, unless parental rights have been terminated,** or stepparents, **unless ties have been severed through divorce.**

In the event a child lives in the home with an adult who has parental control (b) and a parent (c), only one food stamp household will exist.

3. Children in Foster Care

Households containing children in foster care have the option of including foster children as part of the household or excluding them. This option takes precedence over other guidelines for determining household composition. If the child is not included as a member of the foster family's food stamp household however, the foster child may be considered a food stamp household member of any other household in which the individual lives. A foster care service plan must exist which allows the child to be a part of another household on a temporary basis, such as a plan which allows weekend visits to the home of the biological parents or prior custodian.

The foster care payment will be counted as income to the foster household if the household elects to count the foster child as a member of the household for food stamps. The payment is excluded as



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income if the foster family does not include the foster child in its request for food stamp benefits. If the foster child is included in any other food stamp household, only direct payments from the foster care grant from the foster family to the child or other food stamp household would count as income to that household.

A child in foster care and residing with others may not be considered as a separate food stamp household. Foster children may only participate in the Food Stamp Program as a part of another household in which they live. The restrictions described in this section do not apply to persons assigned to the Independent Living Program.

4. Special Consideration for Elderly and Disabled People (7 CFR 273.1(a)(2)(ii))

Although a group of individuals living together and purchasing and preparing meals together constitutes a single household under the provision of [Part VI.A.1.c](#), an otherwise eligible member of such a household who is 60 years of age or older, (as well as the spouse of such an individual and children under the age of 18 for whom parental control is exercised) who is unable to purchase and prepare meals because he or she suffers from a disability considered permanent under the Social Security Act or suffers from a non-disease-related, severe, permanent disability may be a separate household. However, the gross income of the remaining household members cannot exceed the following amounts (165% of the Federal Poverty Income Guidelines):

<u>Household Size</u>	<u>165% Limit</u>	<u>Household Size</u>	<u>165% Limit</u>
1	<b>\$1,316</b>	6	<b>\$3,558</b>
2	<b>1,765</b>	7	<b>4,006</b>
3	<b>2,213</b>	8	<b>4,454</b>
4	<b>2,661</b>	each additional	
5	<b>3,109</b>	members	<b>+\$449</b>

Do not count the income of the elderly, disabled person and his or her spouse for this calculation. The elderly, disabled person is responsible for obtaining the cooperation of the other individuals in providing necessary income information to the local agency.

The key factor in determining whether or not a disability would qualify a household for separate status under this provision is inability to purchase and prepare meals. In the majority of cases, someone with a disability considered permanent under the Social Security Act could be assumed to be incapable of purchasing and preparing meals. However, because the assessment of disability under the Social Security Act, as well as other



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disability programs, is based on an inability to work, eligibility workers should not, in every case, automatically assume the disability constitutes an inability to purchase and prepare meals.

No specific verification is required if it is obvious to the EW that the person in question could not purchase and prepare his or her own meals; however, when the inability to purchase and prepare meals is not obvious to the EW, the EW should request a statement from a physician that the person is unable to purchase and prepare his or her meals.

5. Residing Together Determinations

In some situations it may become difficult to determine whether persons required to participate together actually reside together. Factors to consider in determining whether persons reside together include, but are not necessarily limited to, the following:

- a. If the persons live in separate, identifiable units, separate households probably exist;
- b. If the persons share common facilities such as a kitchen and/or a bathroom, separate households probably do not exist; and,
- c. If the dwelling is constructed as a single-family home, separate households probably do not exist. If the dwelling is constructed as a multi-family structure (e.g., a duplex, apartment building), separate households exist, in all likelihood.

Examples

- 1) A 20-year-old woman lives in two rooms in her parents' basement. She has a bed, sofa, refrigerator, hotplate, etc., but uses the kitchen and bathroom in her parents' home. All persons must participate together since this is a single-family dwelling and common facilities are shared.
- 2) Individuals live together in the same house. One person lives in an apartment in the basement. The apartment contains a kitchenette and bathroom along with other living space. Since the apartment is a separate, identifiable dwelling unit, the individuals are not considered as living together.
- 3) Individuals live in separate rooms in a hotel, but must share a bathroom down the hall. Since they live in separate, identifiable units, they are not required to participate together even though they share common facilities.



These types of situations require careful case-by-case evaluation, and the EW must take care not to impose rigid guidelines, such as requiring a separate unit to have a kitchen, or requiring separate units within one dwelling to have separate entrances. Document how the decision to consider persons residing together or not was determined in these types of situations.

6. Household Membership of Those Frequently Away From Home

In those situations where an individual is frequently away from home and it becomes questionable as to his/her household membership, the EW will use the following guidelines to determine household membership:

- a. If the individual spends at least 15 days per month in the home and he/she otherwise meets the definition of a household member, consider the individual a household member.
- b. If the individual spends less than 15 days per month in the home, is not certified for food stamps elsewhere and is the spouse of a household member, and he/she otherwise meets the definition of a household member, consider that individual a household member.
- c. If the individual spends less than 15 days per month in the home, is not certified for food stamps elsewhere and is not the spouse of a household member, the applicant is to be given the option of considering the individual as part of the applicant's household, provided the individual otherwise meets the definition of a household member.

If the applicant opts not to include the individual frequently away, that individual may only participate as a separate household living at that address if he/she does not meet the relationship criteria to another member of the household as described in [Part VI.A.2.c.](#)

B. BOARDERS (7 CFR 273.1(c))

1. Those Eligible to Participate

An individual residing with a household and paying reasonable compensation to the household for lodging and meals is considered a boarder.

Boarders in commercial boarding houses are ineligible to participate in the Program. A commercial boarding house is an establishment licensed as a commercial enterprise that offers meals and lodging for compensation. A commercial establishment, located in an area without licensing requirements, that offers meals and lodging for compensation



with the intention of making a profit shall also be classified as a commercial boarding house. The number of boarders residing in the house is not a determining factor.

Other boarders are ineligible to participate in the program independent of the household providing the board. They may participate as members of the household providing the board at that household's request. If boarders are excluded, their income and resources shall not be considered available to the household providing the board.

The household with which the boarder resides (including the household of the proprietor of a boarding house) may participate in the Program, if they meet all the eligibility requirements for participation.

2. Making Boarder Determinations

If an applicant household identifies any individual in the household as a boarder, apply the following conditions to determine if boarder status shall be granted. Boarder status shall not be granted to any of the following:

- a. The spouse of a member of the household;
- b. Children under 18 years of age under parental control of a member of the household;
- c. Children under 22 years of age living with their natural, step- or adoptive parents **as long as parental rights have not been terminated or severed through divorce;**
- d. Persons paying less than a reasonable monthly payment for meals.

- 1) An individual furnished both meals and lodging but paying less compensation than a reasonable amount, will be considered a member of the household which provides the meals and lodging.

Only direct money payments (cash, check, money order) which are made to the household shall be used in making this evaluation. In no event shall food stamps be paid for meals and be credited toward the monthly payment. If payment for meals alone cannot be distinguished from payment for lodging and meals, the full payment amount will be used to make the determination.

- 2) A reasonable monthly payment shall equal or exceed the following amounts if the boarder takes two meals or less per day in the home.



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No. of boarders being considered as a separate household	Minimum monthly payment (This is two-thirds of the maximum coupon allotment, rounded down to the nearest whole dollar amount, for each household size indicated.)
---	--

1	\$ 101
2	185
3	266
4	337
5	400
6	481
7	532
8	608

- 3) A reasonable monthly payment is equal to or will exceed the following amounts if the boarder takes more than two meals per day in the home.

No. of boarders being considered as a separate household	Minimum monthly payment (This is the maximum coupon allotment for each household size indicated.)
---	--

1	\$ 152
2	278
3	399
4	506
5	601
6	722
7	798
8	912

If a single board payment is made for more than one boarder, all boarders for whom the payment is made are to be considered as a single household.

#### Example

A mother and daughter are boarding with another household. The mother pays board to the landlord for herself and her daughter. The mother and daughter are considered as one household if their board payment is equal to or greater than the required minimum monthly payment.

In instances where an individual is furnished only meals (lodging is not provided), the individual is considered a member of the household where most of the meals are taken, not as a boarder.



If the status is questionable, boarder status may be verified by obtaining a signed statement from the boarder and the person to whom the board is paid, attesting to the arrangement and the compensation provided.

C. NONHOUSEHOLD MEMBERS (7 CFR 273.1(b))

1. The following individuals residing with the household will not be considered household members in determining eligibility or the benefit allotment.
  - a. Roomers: Individuals to whom a household furnishes lodging, but not meals, for compensation.
  - b. Boarders: Those who meet the boarder definition as given in [Part VI.B.](#)
  - c. Live-in attendants: Individuals who reside with a household to provide medical, housekeeping, childcare, or other similar personal services. To "reside with the household" means that the individual takes a majority of his meals in the home. Dependents of a live-in attendant will be considered as members of the live-in attendant's household. A person cannot be a live-in attendant in his own home.
  - d. Ineligible students: Students who are 18 years of age or older and enrolled at least half-time in an institution of higher education who fail to meet the special eligibility criteria set forth in [Part VII.E.](#)
  - e. Other individuals who share living quarters with the household but who do not customarily purchase food and prepare meals with the household.

Example

The applicant household shares a house with another family to save on rent. The two groups do not purchase and prepare food together. The members of the other family are not members of the applicant's household.

- f. Children in foster care that the household has opted to exclude from the food stamp unit.

Roomers, live-in attendants and individuals who share living quarters may participate as separate households, if otherwise eligible. Ineligible students, boarders, and individuals in foster care cannot participate as separate households.



Nonhousehold member status will not be granted to roomers, boarders, live-in attendants, or other individuals who meet the relationship criteria of [Part VI.A.1](#) of this manual, merely because of their roomer, boarder, or live-in attendant status.

2. The following individuals residing with the household will be excluded from the household when determining the household's size for the purposes of assigning a benefit level to the household or of comparing the household's monthly income with the income eligibility standards. The income and resources of these excluded members, however, will be considered available to the remaining household members in accordance with [Part XII.E](#). These persons may not participate in the Food Stamp Program as separate households.

- a. Ineligible Aliens: Individuals who do not meet the citizenship requirement or hold eligible alien status ([Part VII](#)).
- b. SSN Disqualified: Individuals disqualified for failure to provide a Social Security Number ([Part VII](#)).
- c. Fraud Disqualified: Individuals found guilty of committing an intentional program violation against the Food Stamp Program by a court of law or an Administrative Disqualification Hearing (ADH), or individuals who signed waivers to an ADH ([Part XVII](#)).
- d. Individuals disqualified for noncompliance with employment program requirements ([Part VIII](#)).
- e. Individuals who are fleeing prosecution of felony offenses or imprisonment for felony convictions, or persons who are violating conditions of probation or parole. Individuals must have knowledge of an outstanding warrant in order to consider them "fleeing." Individuals must have an opportunity to document that they have satisfied the warrant.
- f. Individuals convicted in federal or state court of felony offenses that occurred after August 22, 1996, related to the distribution of a controlled substance.

**Individuals similarly convicted of offenses for possession or use of a controlled substance will not be disqualified if they are complying or have complied with periodic screenings, treatment programs, or other obligations assigned by the court. The client's statement will be used to document compliance with the assigned activities.**

- g. Individuals who receive benefits for a three-month period and who subsequently fail to regain eligibility under the Work Requirement ([Part XV](#)).



D. HEAD OF HOUSEHOLD (7 CFR 273.1(d))

The head of the household is designated when applications are filed, whether at initial application, reapplication or recertification. The designation of the head will be made either by the household or by the local agency. Under certain circumstances as described in [Part VI.D.3](#), the head will be defined as the principal wage earner. Whether designated by the household or by the agency, the head must be identified in the case file at the time of certification or household change.

Other than sanctions for violations described in [Part VI.D.3](#), no special requirements are to be imposed on the household or its head. The agency may not, for example, require that the head appear at the certification office to apply for benefits rather than another responsible household member.

1. Household Designation

Whenever an application is filed, the household may identify on the application a household member to be the head. Households with parent-child combinations may also designate the head whenever there is a change to the household's composition. The person selected as the head must be included on the Notice of Action at the time of certification or household composition change.

The household may select as head a household member who is an adult parent of children living in the household, an adult who has parental control of a minor child living in the household, or any other adult member. For an adult parent to be selected, there must be at least one natural, step-, or adopted child of any age in the food stamp household unit with an adult parent. For an adult with parental control to be selected, there must be at least one child under 18 years of age who is supervised or otherwise dependent on an adult living in the food stamp household.

2. Agency Designation

If households fail to designate the head by the 30th day for new applications or reapplications or by the verification deadline for recertification applications, the local agency shall determine the head. The agency must also designate the head if the household's adult members do not agree with the selection made by the applicant.

The designation by the agency will remain in effect through the certification period or until the head leaves the household.



3. Principal Wage Earner as Head

Unless the household has selected an adult parent or adult with parental control as head as specified in [Part VI.D.1](#), the principal wage earner shall be considered the head of household when evaluating noncompliance with work registration or workfare requirements. The principal wage earner must also be considered in determining whether a household member voluntarily quit a job or reduced work hours to less than 30 hours per week.

The principal wage earner is the household member who had the most earned income in the two months prior to the month of the registration noncompliance, job quit, or work reduction. Excluded household members, as defined in [Part VI.C.2](#), are evaluated in determining the principal wage earner. The income used in this evaluation must involve 20 hours or more per week or provide the equivalent of 20 hours multiplied by the federal minimum wage.

The principal wage earner identified may not apply if the person who caused the violation lives with a parent or person fulfilling the role of a parent. The principal wage earner policy will not apply if the parent or person fulfilling that role is registered for work or is exempt from work registration because the parent or person fulfilling the role of a parent is:

- a. subject to and participating in any work requirement under Title IV of the Social Security Act such as the PA Employment Services Program ([Part VIII.A.1.c](#));
- b. receiving unemployment compensation benefits or is registered for work to receive these benefits ([Part VIII.A.1.f](#));
- c. employed or self-employed and working a minimum of 30 hours weekly or is receiving weekly earnings at least equivalent to 30 hours multiplied by the federal minimum wage.

If there is no principal source of earned income in the household, the household member documented in the case file as the head at the time of the violation shall be considered the head of the household.



**E. HOUSEHOLDS IN INSTITUTIONS**

Residents of certain institutions are eligible for food stamp benefits. This chapter contains special provisions for households residing in eligible institutions. See [Part VII.C](#) for a list of eligible institutions and Part II.I for requirements and allowances for authorized representatives for institutionalized households.

1. Drug Addiction and Alcohol Treatment Centers

Residents of treatment and rehabilitation programs for persons addicted to narcotic drugs or alcohol, including the children of these persons residing in the centers with the parents, may receive food stamps as individual households. The treatment center must be a private, nonprofit organization or institution or a publicly operated community mental health center, under Part B of Title XIX of the Public Health Service Act.

Before certifying treatment center residents for food stamps, the local agency must establish that the center meets Public Health Service Act criteria even if the center is not certified under Part B of Title XIX of the Public Health Service Act. The local agency must also determine if the Food and Nutrition Service (FNS) has certified the facility as a retailer and whether the center has a Point-of-Sale (POS) device in order to use food stamp benefits at the institution.

Residents of treatment centers must apply and participate in the Food Stamp Program through a designated employee of the center. The household must freely choose to apply for benefits. The resident household should assist in completing the application and should sign the application along with the authorized representative, before certification, if possible. Normal food stamp certification notices and procedures apply to households that reside in eligible treatment centers except for the requirement that residents must apply through a representative of the center.

a. Accessing and Using Food Stamp Benefits

In order to access food stamp benefits, each household or representative must have an EBT card. Eligible household residing in drug or alcohol treatment centers must participate in the Food Stamp Program through an authorized representative. The authorized representative will receive an EBT card to use on behalf of the household. The client may not possess an active EBT card while a resident of the treatment center.

Treatment center representatives must use the food stamp benefits for food prepared by or served to the resident



addict/alcoholic. If the treatment center has a POS device, at the beginning of each month, the authorized representative must use each individual household's EBT card to access one-half of the monthly benefit. If the treatment center does not have a POS device, the authorized representative must use each resident's EBT card at the grocery store and access up to one-half the benefit amount at the beginning of each month. The treatment center may access the second half of the benefits on or after the 16<sup>th</sup> of each month if the resident remains in the center as of the 16<sup>th</sup> day of the month.

If the household leaves the treatment center before the 16<sup>th</sup> day of the month, the household is entitled to one-half of the allotment for the month. If the household leaves the treatment center on or after the 16<sup>th</sup> of the month, the household will not receive any portion of the benefits directly.

b. Responsibilities of the Treatment Center

The treatment center must notify the local agency of changes in the household's income or other household circumstances and upon the departure of the addict or alcoholic from the treatment center. When the resident leaves the facility, the treatment center must provide the resident with the EBT card for the "Primary Cardholder," if the card is available. This is not the card used by the authorized representative. Once the household leaves the treatment center, the center may no longer act as that household's authorized representative.

The center should return the authorized representative's EBT card to the local agency when the resident leaves the facility. If the resident leaves the treatment center before receiving the EBT card for Primary Cardholder from center employees, the treatment center must return the household's card to the local agency, if the household's card was in the center's possession.

The center must provide the household with a Change Report Form to report to the local agency the individual's new address and other circumstances after leaving the center, if possible. The center must also advise the household to report the address change to the local agency within 10 days.

Each treatment and rehabilitation center must submit a certified list of residents who are currently participating in the Food Stamp Program to the local social services agency. This list must include a statement that the information provided is correct and must be signed by a representative of the center. The center must submit the list at least monthly, although local agency officials may request a more frequent list.



c. Penalties

The treatment center is responsible for any misrepresentation or fraud that it knowingly commits in the certification of center residents. As an authorized representative, the treatment center must be knowledgeable about household circumstances and should carefully review those circumstances with residents prior to applying on their behalf. The organization or institution is liable for all losses or misuse of food stamp benefits accessed or used on behalf of resident households and for any overissuance of benefits that occur while the households are residents of the treatment center.

The treatment center may be penalized or disqualified if an administrative or judicial determination establishes that coupons were misappropriated or used for purchases that did not contribute to a certified household's meals. The treatment center may be prosecuted under applicable federal or state statutes for intentional acts that misrepresent household circumstances.

d. Local Agency Responsibilities

The local agency must ensure that applicants that reside in alcohol or drug treatment centers apply for food stamps through a designated employee of the treatment center. The agency may not process an application signed only by such a resident or conduct the interview without the authorized representative. The treatment center must receive certification notices and instructions on accessing households' food stamp benefits through EBT.

The local agency should provide the treatment center with blank change report forms that the center or household could complete to report changes, including when the household leaves the center. The agency must take prompt action to remove the authorized representative when the household leaves the treatment center upon learning of the address change.

The local agency must receive a monthly list of residents from the treatment center. The agency may require the treatment center submit the list semimonthly. The local agency must review the list to ensure that only those residents listed are participating as residents of that institution. The agency must resolve any discrepancies immediately between the list submitted by the center and the agency's certification record.



In addition to reviewing the lists of residents in the treatment facility, the local agency must conduct periodic random on-site visits to the center. This review is to assure the accuracy of the listings and that the local agency's records are consistent and up-to-date.

The local agency must promptly notify the Regional Office for the Virginia Department of Social Services when there is reason to believe that a treatment center is misusing food stamp benefits in its possession. The State Department must transmit the local agency's findings to USDA. The local agency must not act however, until USDA acts or provides instructions.

2. Group Living Arrangements

Disabled or blind individuals who reside in group living arrangements may be eligible for food stamps. See Part VII.C for specific criteria. Unlike residents of drug or alcohol treatment centers, residents of group living may apply on their own behalf; through the use of an authorized representative of the resident's own choice; or through the use of an authorized representative employed and designated by the facility.

How residents of group living arrangements apply will determine the household size. For instance, if a resident files an individual application or through a personal authorized representative, the local agency must evaluate household composition based on who purchases and prepares food together but, residents who apply through the use of the facility's authorized representative, will be one-person households, regardless of the eating arrangements.

a. Participating in the Group Living Arrangement

The group living arrangement may purchase and prepare food that eligible residents will consume on a group basis, if residents normally obtain their meals at a central location, e.g. a dining hall, as part of the group living arrangement services, or if meals are prepared at a central location for delivery to the individual residents.

If residents purchase and/or prepare food for their own consumption, as opposed to communal dining, the group living arrangement must ensure that each resident's food stamp benefits are used for meals intended for that resident.

If the residents retain use of their own food stamp benefits, then they may either use the **benefits** to purchase meals



prepared for them by the facility, if group home is authorized by FNS, or purchase food to prepare meals for their own consumption.

If the facility is acting as the authorized representative for the resident, the food stamp benefits can be handled in any of the following ways: 1) The facility may spend the coupons, prepare and serve the food to the resident, 2) Spend the food stamp benefits and allow the resident to prepare the food, 3) Allow the resident to use some or all of the allotment on his or her own behalf.

If the resident applied on his own behalf, the resident may provide the food stamp benefits allotment to the facility to purchase food for meals served either communally or individually for eligible residents. The eligible resident may also use the food stamp benefits to purchase and prepare food for his/her own consumption or to purchase meals prepared and served by the group living arrangement.

b. Accessing and Using Food Stamp Benefits

In order to access food stamp benefits, each household or representative must have an EBT card. Residents of group living arrangements will receive an EBT card. If the household has an authorized representative, the representative will also receive an EBT card to use on behalf of the household.

The household or authorized representative must use food stamp benefits for food prepared by or served to the resident. If the group home has a POS device, at the beginning of each month, the household or authorized representative must use the individual household's EBT card to access one-half of the monthly benefit. If the group home does not have a POS device, the household or authorized representative must use each resident's EBT card at the grocery store. If the authorized representative is a representative of the group home, the representative may access up to one-half the benefit amount at the beginning of each month. The group home representative may access the second half of the benefits on or after the 16<sup>th</sup> of each month if the resident remains in the group home as of the 16<sup>th</sup> day of the month.

If the household leaves the group home before the 16<sup>th</sup> day of the month, the household is entitled to one-half of the allotment for the month. If the household leaves the group home on or after the 16<sup>th</sup> of the month, the household will not receive any portion of the benefits directly.



c. Responsibilities of the Group Living Arrangement

If the group living arrangement is acting in the capacity of an authorized representative, the group living arrangement must notify the local agency of changes in household circumstances and when the individual leaves the group living arrangement.

When the resident leaves the facility, the group living arrangement must provide the resident with the EBT card for the "Primary Cardholder," if the authorized representative has possession of the card. This is not the card used by the authorized representative. Once the household leaves the group home, the center may no longer act as the household's authorized representative.

The center should return the authorized representative's EBT card to the local agency when the resident leaves the facility. If the resident leaves the group home before receiving the EBT card for Primary Cardholder from center employees, the treatment center must return the household's card to the local agency, if the household's card was in the center's possession.

The group home must provide the household with a Change Report Form to report to the local agency the individual's new address and other circumstances after leaving the group home, if possible. The group home must also advise the household to report the address change to the local agency within 10 days.

Each group living arrangement must submit a certified list of residents who are currently participating in the Food Stamp Program to the local social services agency. This list must include a statement that the information provided is correct. A representative of the center must sign the report and submit the list at least monthly, although local agency officials may request a more frequent list.

c. Penalties

When a group living arrangement acts as the household's authorized representative the following additional responsibilities are applicable:

1. The group living facility is responsible for any misrepresentation or fraud that it knowingly commits in the certification of the facility's residents. As an authorized representative, the group living arrangement must be knowledgeable about household circumstances and



should carefully review those circumstances with residents prior to applying on their behalf. The group living arrangement is liable for any losses or misuse of food stamp benefits accessed or used on behalf of resident households and for all overissuances that occur while the facility is acting as the household's authorized representative.

2. The facility may be penalized or disqualified if an administrative or judicial determination finds that **food stamp benefits** were misappropriated or used for purchases that did not contribute to a certified household's meals. The group home may be prosecuted under applicable federal or state statutes for intentional acts that misrepresent household circumstances.

These provisions do not apply when the resident household has applied on its own behalf.

d. Local Agency Responsibilities

The local agency must certify eligible residents of group living arrangements using the same provisions that apply to all other households. Before certifying any residents of a particular facility, the agency must verify that the group living arrangement is authorized by FNS-USDA to accept food stamp benefits or is certified by an appropriate agency of the State or locality, including that agency's determination that the center is a nonprofit organization.

Before certifying group home residents for food stamps, the local agency must establish that the group living arrangements meets Section 1616(e) of the Social Security Act criteria, even if the group home is not certified under Section 1616(e) of the Social Security Act. The local agency must also determine if the Food and Nutrition Service (FNS) as certified the facility as a retailer and whether the group home has a Point-of-Sale (POS) device in order to use food stamp benefits at the group home.

The local agency should provide the group living arrangement with blank Change Report forms that the group living arrangement or household could complete to report changes, including when the household leaves the group living arrangement. The agency must take prompt action to remove the authorized representative when the household leaves the group living arrangement upon learning of the address change.



The local agency must receive a periodic list of residents from the group living arrangement. The agency may establish the frequency of receiving the resident lists. The local agency must review the list to ensure that only those residents listed are participating as residents of that institution. The agency must resolve any discrepancies immediately between the list submitted by the group living arrangement and the agency's certification record.

In addition to reviewing the lists of residents in the group living arrangement, the local agency must conduct periodic random on-site visits to the center. This review is to assure the accuracy of the listings and that the local agency's records are consistent and up-to-date.

The local agency must promptly notify the Regional Office for the Virginia Department of Social Services when there is reason to believe that a group living arrangement is misusing food stamp benefits in its possession. The State Department must transmit the local agency's findings to USDA. The local agency must not act however, until USDA acts or provides instructions.

e. FNS Authorization

FNS will authorize group living arrangements as a retail food store. A State or local agency must appropriately certify these facilities. If the facility loses its certification, FNS may withdraw its approval at any time

If FNS disqualifies a facility as a retail food store, the local agency must suspend its authorized representative status for the same period. If a facility loses its certification to use food stamp benefits through wholesalers or its certification from the appropriate State or local agency, residents will not be eligible to participate except those who have applied on their own behalf. Residents who will be ineligible are not entitled to the Advance Notice of Proposed Action, but they must receive a written notice explaining the termination and the effective date.

3. Shelters for Battered Women and Their Children

a. Determination of Acceptable Shelter Status

Before certifying residents of shelters for battered women, the local agency must determine that the shelter for battered women and children meets the definition of [Part VII.C.1.d.](#) of this manual. The agency must maintain documentation to support the



determination to show that the shelter meets the criteria.

If a shelter has authorization by FNS to use food stamp benefits, the shelter will meet the criteria and will need no further determination by the local agency.

b. Special Eligibility Considerations

Many shelter residents will have recently left a household containing the person who abused them. The former household may be certified for participation in the program and its certification may be based on a household size that includes the women and children who have just left. Shelter residents who are included in such certified households may, nevertheless, apply for and, if otherwise eligible, participate in the Program as separate households if the previously certified household that includes them also contains the person who abused them.

Shelter residents who are included in such certified households may receive an additional allotment as a separate household only once a month. The local agency must certify shelter residents who apply as separate households solely based on their income and resources and the expenses for which they are responsible. The agency must not consider the income, resources, and expenses of their former household in certifying these applicants. Jointly held resources must be considered inaccessible for battered women and children if access to the value of the resource depends on the agreement of a joint owner who still resides in the former household.

Room payments to the shelter are allowable shelter expenses.

Local agencies must take prompt action to ensure that the former household's eligibility or allotment reflects the change in the household's composition.



PART VII

NONFINANCIAL ELIGIBILITY CRITERIA

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A. NONFINANCIAL ELIGIBILITY CRITERIA

Participation in the Food Stamp Program is based on both financial and nonfinancial eligibility criteria. This chapter contains a discussion of most of the nonfinancial eligibility criteria. A household will meet the nonfinancial eligibility criteria if it:

1. Resides in the locality of application; (7 CFR 273.3) ([Part VII.B.](#))
2. **Resides in a noninstitutional setting or in an eligible institution;** (7 CFR 273.1(e)) ([Part VII.C.](#))
3. Contains no persons currently on strike unless the household would have been eligible before the strike; (7 CFR 273.1(g)(1)) ([Part VII.D.](#))
4. Contains a student enrolled in an institution of higher education who meets certain special eligibility requirements; (7 CFR 273.5) ([Part VII.E.](#))
5. Contains citizens of the United States or eligible aliens (7 CFR 273.4) ([Part VII.F.](#))
6. Registers for work, unless otherwise exempt (7 CFR 273.7). ([Part VIII.A.](#))
7. Does not have a primary wage earner who voluntarily quits **or reduces work** without good cause (7 CFR 273.7(n)) ([Part VIII.B.](#))
8. Provides Social Security numbers for household members (7 CFR 273.6(a)(1)). ([Part VII.G.](#))

The presence of cooking facilities is not a criterion for determining eligibility for the Food Stamp Program.

B. RESIDENCY (7 CFR 273.3)

Residence is defined as physical presence in a locality with the intent to remain either temporarily or permanently.

Households do not have to live in the locality for a particular length of time in order to get food stamps, nor do they have to have any intent of staying any length of time. Persons vacationing in an area cannot be considered as residents.

Households must reside in the locality in which they apply for participation in the Program. Households do not have to reside in a



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permanent dwelling or have a fixed mailing address as a condition of eligibility. Migrant campsites, motels, or other temporary shelters meet the residency requirements. Households may live in vehicles, such as cars, buses, or trucks, etc. Other individuals may live on the street. As long as households maintain a physical presence in the locality, they will meet residency requirement. Households may not participate in more than one locality at a time.

See [Part III.A and D](#) for a discussion of the verification of residency.

Note: The local agency may choose to keep an ongoing case in active status during a temporary move from the locality. This policy is discussed in [Part XIV.A.7](#).

C. RESIDENTS OF INSTITUTIONS (7 CFR 273.1(e))

1. Definition of a Resident of an Institution

Individuals will be considered residents of an institution when the institution provides them with the majority of their meals (over 50% of three meals daily) as a part of its normal service.

Residents of public institutions who apply for SSI before their release from an institution under the Social Security Administration's Prerelease Program for the Institutionalized may apply for food stamps at the same time they apply for SSI. For these applicants, the filing date of the food stamp application will be the date of release of the applicant from the institution.

2. Eligible Institutional Residents

Residents of institutions are not eligible for participation in the Food Stamp Program with the exceptions noted below:

- a. Residents of any federally subsidized housing for the elderly.
- b. Narcotic drug addicts or alcoholics or the children of these individuals who reside at a facility or treatment center under the supervision of a drug or alcoholic treatment and rehabilitation program. .

A drug or alcoholic treatment and rehabilitation program means a program leading to rehabilitation conducted by a private, nonprofit organization or institution or a publicly operated community health center, under Part B of Title XIX of the Public Health Service Act, or meets the criteria which would make it eligible to receive funds under Part B of Title XIX, even if it does not actually receive funds from that source.

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**The treatment program must present information or documentation to show that it meets the eligibility criteria. See [Part VI.E](#) for additional information about treatment centers.**

- c. Disabled or blind individuals who are residents of a public or private, nonprofit residential setting that serves no more than sixteen residents. These group living arrangements must be certified by an appropriate agency of the State or locality under Section 1616(e) of the Social Security Act and regulations based on it. **See [Part VI.E](#) for a discussion of this group living arrangement.**
- d. Women or women with their children temporarily residing in a shelter for battered women and children. A shelter for battered women and children means a public or private nonprofit residential facility that serves battered women and their children. If such a facility serves other individuals, a portion of the facility must be set aside on a long-term basis to serve only battered women and children.
- e. Residents of public or private nonprofit shelters for homeless persons.

D. STRIKERS (7 CFR 273.1(g)(1))

1. Definition of a Striker

- a. For Food Stamp purposes a striker is defined as:
  - 1) Anyone involved in a strike; or,
  - 2) Anyone involved in a concerted stoppage of work by employees (including a stoppage by reason of the expiration of a collective bargaining agreement); or,
  - 3) Anyone involved in any concerted slowdown (or other concerted interruption of operations by employees).
- b. Examples of non-strikers include:
  - 1) Employees whose workplace is closed by an employer in order to resist demands of employees, e.g., lockout.
  - 2) An individual who would have been exempt from work registration on the day prior to the strike, other than those exempt solely on the grounds that they are employed

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at the struck plant, e.g., the individual may be the caretaker of a child under 6 years of age and, therefore, would not be affected by the striker provisions.

- 3) Employees unable to work as a result of striking employees, e.g., striking newspaper pressmen preventing newspapers from being printed and, consequently, truck drivers are not working because there are no papers to deliver.
- 4) Employees who are not part of the bargaining unit on strike who do not want to cross a picket line due to fear of personal injury or death.

2. Determining Striker Eligibility at Initial Certification

Households with striking members (this does not include individuals exempt from work registration) shall be ineligible to participate unless the household was eligible immediately prior to the strike. This means that the EW must determine the household's income as though the household applied on the day before the strike for all individuals in the household on that date. Do not account for changes between this date and the date of application in the eligibility determination. For example, if an individual was in the home on the day before the strike, receiving \$100 per month, and on the date of application this individual is no longer in the home, eligibility must still be based on this individual being in the home and the income he or she was receiving. Also, in considering the striker's income as though the household applied on the day before the strike, if the striker was absent from work for one week due to sickness, for example, a full month's income is still to be counted. Normal verifications must be obtained (FNS Policy Memo 82-4).

If the household would have been ineligible had they applied the day before the strike, deny the application.

If the household would have been eligible had they applied the day before the strike, the EW shall compare the striking member's income before the strike to the striker's current income. Add the higher of the two to the current income of nonstriking members that is anticipated to determine the household's eligibility at the time of application.

Use only current resources in determining resource eligibility.

Strikers who are eligible are subject to the work registration requirements of [Part VIII.A.](#)



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3. Determining Striker Eligibility for Ongoing Cases

If a member of a currently certified household becomes involved in a strike, the definition of a striker described in [Part VII.D.](#) is still applicable. The household containing a person defined as a striker shall not receive an increased allotment as the result of a decrease in income of the striking member(s). The EW shall compare the striker's income before the strike to the striker's current income and add the higher of the two to the countable income of nonstriking members.

Use only current resources in determining resource eligibility.

Strikers who are eligible are subject to the work registration requirements in [Part VIII.A.](#)

4. Changes in Striker Status

If a striker officially terminates employment with the struck employer, he/she will no longer be considered a striker. The employer or other acceptable sources must verify an official termination.

If a striker accepts temporary employment with the intent of returning to his struck job once the strike ends, he is still considered a striker.

E. STUDENTS (7 CFR 273.5)

1. Definition of a Student

For the purposes of this chapter, the term student will refer to a person who is enrolled at least halftime in an institution of higher education. The term student will refer to a person who is:

- a. is enrolled in a business, technical, trade, or vocational school that normally requires a high school diploma or equivalency certificate for enrollment; or,
- b. is enrolled in a regular curriculum at a college or university that offers degree programs, regardless of whether a high school diploma is required.

Once a student enrolls in an institution of higher education, the enrollment shall be considered to continue through all normal periods of class attendance, vacation, and recess unless the student graduates, is suspended or expelled, drops out, or does not intend to register for the next normal school term (excluding summer school).

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Enrollment shall be considered to begin on the first day of the school term of the institution of higher education.

2. Student Exemptions (7 CFR 273.5(b))

To be eligible to participate in the Food Stamp Program, students, as identified above, must meet special criteria listed below. The resources of students who are not eligible are not considered in determining the eligibility or benefit level of other household members. The income of ineligible students shall be evaluated in accordance with [Part XI.G](#).

To be eligible, a student must meet at least one of the following criteria:

- a. Be 17 years of age or younger or, age 50 or older;
- b. Be mentally or physically unfit;
- c. Be employed for a minimum of 20 hours per week and be paid for such employment;
- d. Be employed in a self-employed business for a minimum of 20 hours per week and receive weekly earnings at least equal to the federal minimum wage multiplied by 20 hours;
- e. Be participating in a state or federally financed work-study program during the regular school year;
- f. Be responsible for the care of a dependent household member under the age of six;
- g. Be responsible for the care of a dependent household member who is age six through age eleven where the local agency has determined that adequate child care is not available to enable the student to both attend class and satisfy the 20 hour per week work requirement or participate in work study;
- h. Be a full-time student and a single parent or caretaker who is responsible for the care of a dependent household member who is under age 12;
- i. Be receiving benefits from the TANF Program;
- j. Be participating in a work incentive program under Title IV of the Social Security Act, i.e. Virginia Initiative for Employment Not Welfare (VIEW) Program;



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- k. Be participating in an on-the-job training program; or,
- l. Be assigned to or placed in an institution of higher education through:
  - 1) Programs under the Workforce Investment Act (WIA);
  - 2) The Food Stamp Employment and Training (FSET) Program;
  - 3) A program under Section 236 of the Trade Act; or,
  - 4) An employment and training program operated by State or local governments where one or more of the program's components are comparable to FSET components.

Students paid or subsidized for in-class hours are not considered employed during that time so such class attendance would not make a student eligible under the minimum 20 hour per week work requirement. In addition, the exemption for on-the-job training is valid only for the period the person is being trained by the employer.

In evaluating a student's eligibility based on the work-study provision, note that the student must be approved for work-study at the time of the application for food stamps. In addition, the work-study must be approved for the school term and the student must anticipate actually working during the school term. This exemption will begin either the month the school term starts or the month the work-study is approved, whichever is later. The student's exemption is not to continue beyond the month the school term ends or when it becomes known that a work-study assignment has been refused nor, is the exemption continued between terms when there is a break of a full month or more, unless the student is participating in work-study during the break.

In evaluating whether adequate childcare is not available for children who have reached the age of 6 but are not yet 12, the following guidelines have been developed. If:

- a. There is no licensed day care facility available; or,
- b. The student cannot afford the day care; or,
- c. There is no reliable or reasonable transportation to the day care provider;

then it is probably likely that adequate child care is not available. Note, however, that even if these factors exist, adequate childcare is deemed available if the student has arranged for day care.



F. CITIZENSHIP AND ELIGIBLE IMMIGRANTS

Only U.S. citizens and certain immigrants are eligible for the Food Stamp Program. Based on the household's written declaration on the application, the local agency must determine if each household member is a citizen or an immigrant. If a member is an immigrant, the local agency must determine if that member is an eligible immigrant. The sponsored immigrant policies described in [Part XII.C](#) must also be evaluated for eligible immigrants who have sponsors.

1. Eligibility of Immigrants

The following categories of immigrants are eligible to participate in the Food Stamp Program:

- a. A refugee admitted under Section 207 of the Immigration and Nationality Act (INA) until seven years after the date the refugee status was granted.

This category includes individuals who are victims of human trafficking **and may include the minor children, spouse, parents, or the unmarried minor siblings of the trafficking victim.** These refugees must present a letter from the Office of Refugee Resettlement (ORR) **or present a T visa** that certifies or documents the status. **The EW must call 1-866-401-5510 to verify the validity of the documents and to inform ORR of the application for food stamp benefits.**

- b. An immigrant granted asylum under INA Section 208 until seven years after the date the status was granted.
- c. An immigrant living in the U.S. and for whom deportation is being withheld under INA Section 243(h) or Section 241(b) (3) until seven years after the deportation withholding.
- d. A Cuban or Haitian entrant, as defined in Section 501(e) of the Refugee Education Assistance Act of 1980, until seven years after the date the Cuban-Haitian status was granted. This designation includes refugee or parole status.
- e. An Amerasian immigrant until seven years after the date admitted as an Amerasian immigrant as documented by the I-94 or other forms with notations of AM1, AM2, AM3, AM6, AM7, or AM8.
- f. Lawful permanent resident immigrants who have worked for 40 qualifying quarters of coverage under Title II of the Social Security Act are eligible for food stamps. Quarters of work for jobs not covered by Title II of the Social Security Act may be credited toward the qualifying minimum. For quarters after December 1996, no federal means-tested public benefits may be



received to count as a qualifying quarter. For this provision, public benefits are TANF, SSI, Medicaid and the Food Stamp Programs. **This provision also includes Nutritional Assistance Program benefits from Puerto Rico, American Samoa, and the Northern Mariana Islands.**

Quarters earned by the spouse of the permanent resident immigrant during the marriage, provided they are still married to each other, may be counted. Quarters earned by parents, including step- or adoptive parents, of a permanent resident immigrant before the alien turns 18, may be counted toward the qualifying minimum for the immigrant, including any quarters earned prior to a child's birth.

- g. Native Americans entitled to cross the border of the United States into Canada or Mexico. This group comprises persons born in Canada to whom INA Section 289 applies or members of an Indian tribe, as defined in Section 4(e) of the Indian Self-Determination and Education Assistance Act.
- h. Highland Laotians and Hmong tribe members who are lawfully residing in the United States and who were part of a Highland Laotian or Hmong tribe between August 5, 1964 and May 7, 1975 when such tribes assisted U.S. personnel. The unmarried dependent children, spouse, and the surviving spouse who has not remarried of tribal members are also eligible.

Immigrants who originally had refugee, asylum, Amerasian, or Cuban-Haitian designations or who had their deportations withheld (items a- e), but who subsequently gain permanent resident status, must continue to be certified for food stamps under the original designation. Note that after being in the country for five years, these immigrants will be eligible for food stamps indefinitely. See the conditional eligibility section below.

## 2. Conditional Eligibility of Immigrants

- a. The following categories of immigrants are eligible to participate in the Food Stamp Program provided they also meet a qualified category in subsection b:
  - 1. An individual who has been in the United States as a qualified immigrant for five years or more from the date of entry **in the country or from the date of a change in the immigration status.**
  - 2. Veterans with honorable discharges for reasons not related to alien status and persons who are on active duty in the Armed Forces of the United States, other than training. To be an eligible veteran, one must have served a minimum of 24 months or the period for



which the person was called to active duty. The term veteran includes military personnel who die during active duty served in the Philippine Commonwealth Army during World War II or as Philippine Scouts following the war.

The spouse or unmarried dependent child of a veteran or person on active duty is also eligible. The surviving spouse of a deceased veteran or of an individual who died while on active duty is also eligible. Eligibility of the surviving spouse is allowed provided the spouse has not remarried and that the marriage was for at least one year, or that they were married before the end of a 15-year period following the end of the period of military service in which the injury or disease was incurred or aggravated; or, that they were married for any period if a child was born of the marriage or was born before the marriage.

3. An individual who receives payments or assistance for blindness or disability, as defined in Definitions.
  4. An individual lawfully residing in the U.S. on August 22, 1996 and who was 65 years of age or older at that time.
  5. A child under 18 years of age lawfully residing in the U.S.
- b. A qualified immigrant is one who is:
1. a lawful permanent resident;
  2. a refugee admitted under INA Section 207;
  3. a person granted asylum admitted under INA Section 208;
  4. one whose deportation is being withheld under INA Section 243(h) or 241(b)(3);
  5. a parolee admitted under INA Section 212(d)(5) and the status is granted for at least one year;
  6. a conditional entrant admitted under INA Section 203 as in effect as of April 1, 1980;
  7. a battered spouse or child, as established by INS and the agencies providing benefits that a substantial connection exists between the battery and the need for benefits;



8. a Cuban or Haitian entrant; or
9. an Amerasian immigrant.

3. Verification of Immigrant Status

Verification of immigrant status is mandatory for initial applications and as new household members are added. While awaiting acceptable verification, except as noted below, the immigrant whose status is unverified is ineligible but the eligibility of any remaining household members must be determined. The income and resources of the immigrant whose status is unverified is considered available in determining the eligibility of any remaining members, as described in [Part XII.E](#). If verification of eligible status is later received, the agency must treat this as a reported change in household size.

Verification of the number of qualifying quarters to which an immigrant may directly or indirectly claim access for Food Stamp Program purposes will primarily be available from the Social Security Administration (SSA). Verification of the quarters of coverage may be accessed through the State Verification Exchange System (SVES). If verification is not obtained through SVES or in some instances, from SSA directly, or, if the SSA information is contested by the household or is incomplete, the household will be responsible for supplying proof of the amount of past wages to document the quarters earned. The SSA-Consent for Release of Information form must normally be completed for each person for whom the work history is needed. See [Appendix 1](#) of this Part for the verification process and forms.

In instances when the number of countable quarters verified by SSA is in dispute, an immigrant will be allowed to receive food stamps for up to six months while working with SSA to resolve the issue.

As with other mandatory verifications, verification of immigration status may be postponed for households entitled to expedited service processing. However, the household member must claim to be of an eligible immigrant category before participation is allowed for the first month.

Documentation from the **U.S. Citizenship and Immigration Services (USCIS)** or other sources that the EW determines constitutes reasonable evidence of immigrant status is acceptable. If an immigrant does not have proof of the immigration status, the local agency must advise the household to contact **USCIS** to obtain verification. Forms G-845S and the Supplement in [Appendix 2](#) of this Part may be used to obtain information from **USCIS** when evidence presented is not clear or the applicant cannot provide information.



Documentation provided by the household may be submitted to **USCIS** for validation through the Systematic Alien Verification for Entitlement Programs (SAVE) system. The SAVE procedures are outlined in [Appendix 2 of Part VII](#). The use of SAVE is optional for food stamp eligibility determinations.

Immigration documentation includes, but is not limited to, the forms listed below.

- a. Resident Alien Card, Form I-551: This form, called the green card, is issued to immigrants admitted for permanent residence.

A foreign passport or **USCIS** documents, other than the I-551, will be acceptable proof of permanent residency if it has the endorsement: "Processed for I-551. Temporary Evidence of Lawful Admission for Permanent Residence. Valid until \_\_\_\_\_. Employment Authorized."

- b. Arrival - Departure Record, Form I-94: This form is issued by **USCIS** to persons who may or may not be eligible for food stamps. Eligible aliens with I-94s must have certain INA Sections or terms listed on the forms. INA Sections 207, 208, or 243(h) or terms, such as refugee or asylum, on the I-94 reflect eligible alien status.

- c. Employment Authorization Document, Forms I-688B or I-766: These forms are issued to persons who may or may not be eligible for food stamps.

The I-688B will be sufficient verification for these citations:

<u>Citation</u>	<u>Status</u>
274a.12(a) (1)	Lawful permanent resident
274a.12(a) (3)	Refugee
274a.12(a) (5)	Asylum
274a.12(a) (10)	Deportation Withheld

The I-766 will be sufficient verification if annotated with the following:

A3	Refugee
A5	Asylum
A10	Deportation withheld

- d. Documents such as the Employment Authorization Card, Form I-688A or the Fee Receipt, Form I-689 may be used with other verification to establish alien eligibility. These forms alone do not provide ample verification of eligible alien status.



4. Verification of Citizenship

Citizenship must not be verified unless the household's statement that one or more of its members are U. S. citizens is questionable. If questionable, the household must be asked to provide acceptable verification. Acceptable forms of verification include:

- a. birth certificates
- b. religious records
- c. voter registration cards
- d. certificates of citizenship or naturalization provided by INS, including passports

General appearance of the applicant, foreign accent, inability to speak English, employment as a migrant farm worker, or a foreign sounding name are not sufficient reasons, in and of themselves, to consider information about citizenship questionable.

If the above forms of verification cannot be obtained and the household can provide a reasonable explanation as to why verification is not available, the local agency must accept a signed statement from someone who is a U.S. citizen which declares, under penalty of perjury, that the member in question is a U.S. citizen. The signed statement must contain a warning of the penalties for helping someone commit fraud, such as: "If you intentionally give false information to help this person get food stamps, you may be fined, imprisoned, or both."

The member whose citizenship is in question is not allowed to participate until proof of U. S. citizenship is obtained. Until proof of U. S. citizenship is obtained, the member in question will have his or her income, less a prorata share, and all of his other resources considered available to any remaining household members. (See [Part XII.E.](#))

If the agency reduces or terminates a household's benefits within the certification period because one or more of its members is disqualified as an ineligible alien, the local agency must issue the Advance Notice of Proposed Action to inform the household that the individual is disqualified, the reason for the disqualification, the eligibility and benefit level of the remaining members, and the actions the household must take to end the disqualification, if applicable.

All persons born in the Commonwealth of Puerto Rico, American Samoa, Guam, Mariana Islands, and the U.S. Virgin Islands are U.S. citizens or nationals.



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5. Reporting Illegal Aliens (7 CFR 273.4(b))

The local agency must report to the INS any individual who the agency "knows" to be in the United States in violation of the Immigration Nationality Act. The household must present a Final Order of Deportation in order for the local agency to "know" that the person is in violation to make the report to the INS. In no other instance may the agency make the report to the INS.

If a household member presents a Final Order of Deportation issued by INS or by the Executive Office of Immigration Review, the local agency director must report to INS. The report must include the individual's:

- name
- address
- other identifying information

The agency must send the report to:

Director  
Policy Directives and Instructions Branch  
Immigration and Naturalization Service  
425 I Street, N.W.  
Room 4034  
Washington, D.C. 20535  
ATTN: INS No 2070-00

G. SOCIAL SECURITY NUMBERS (7 CFR 273.6)

1. Requirements for Participation

An applicant must provide the local agency with the Social Security number (SSN) of each household member, or apply for a number before certification. This provision applies to participating or applying households.

During the eligibility interview, the agency must explain to the applicant or participant that refusal or failure without good cause to provide or apply for an SSN will result in disqualification of the individual for whom the number is not obtained.

If an individual has more than one SSN, the agency must request and the household must provide all the numbers.

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2. Obtaining a Social Security Number

For individuals who provide the SSN before certification or at any other time, the agency must record the SSN and verify it according to [Part III.A.1.j](#).

For individuals who do not have a SSN, those who do not know if they have a number, those who are unable to find and therefore cannot provide their number or those whose numbers appear questionable, the agency must direct the household to submit Form SS-5, Application for a Social Security Number, to the Social Security Administration (SSA). The agency must advise the household where to file the application for an SSN and discuss what evidence will be needed to obtain an SSN. Evidence needed includes a U.S. public record of birth established before age five or other verification of birth, such as religious records whose validity is not questionable, or hospital records, if they can be verified by the SSA. While religious and hospital records will entitle the individual to an SSN, further proof of birth is required by the SSA to establish eligibility for Social Security benefits.

If the household is unable to provide proof of application for the number for a newborn when the child is first added to the case, the household must provide the number or proof of application at its next recertification or within six months, whichever is later. If the household is unable to provide the number or proof of application within the time allowed, the agency must determine if good cause provisions exist.

The agency shall advise the household that proof of the application for an SSN from SSA will be required prior to certification, and suggest that the household member ask the SSA for proof of the application for an SSN. SSA has a Form SSA-5028, Receipt for Application for a Social Security Number, for this purpose. Local agencies may also devise their own form for this purpose; however, these must receive the approval of the Regional Food Stamp Specialist.

3. Failure to Comply (7 CFR 273.6(c))

If the local agency determines that a household member has refused or failed without good cause to provide or apply for an SSN, then the individual without the SSN is disqualified from participation in the Food Stamp Program. The disqualification applies to the individual for whom the SSN is not provided and not to the entire household. Part XII.E. contains instructions for the treatment of income and resources of the disqualified household member.

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4. Determining Good Cause (7 CFR 273.6(d))

In determining if good cause exists for failure to comply with the requirement to provide an SSN, the local agency must consider information from the household member and SSA.

Good cause for failing to apply for a number includes documentary evidence or collateral information that the household has made every effort to supply SSA with the necessary information to complete an application for an SSN. Good cause does not include delays due to illness, lack of transportation or temporary absences, because SSA makes provisions for mailing in applications for the SSN. If a household can show good cause why an application for an SSN has not been completed, the member in question shall be allowed to participate for one month in addition to the month of application for food stamps. Good cause for failure to apply must be shown monthly thereafter in order for such a household member to continue to participate.

If the household is unable to obtain the documents required by SSA in order to apply for an SSN, the eligibility worker shall assist the individual in obtaining these documents.

5. Ending Disqualification (7 CFR 273.6(e))

Once a person has been disqualified for refusal or failure to provide an SSN or apply for an SSN, the disqualified member must provide an SSN before eligibility can be established.



SSA Quarters of Coverage Verification Procedures for Legal Immigrants

Individuals who are not citizens of the U.S. may be eligible for the Food Stamp Program if their immigration status is one of five classes. (See [Part VII.F.1.](#)) One of the eligible classes requires that the immigrant must be credited with 40 quarters of work. This appendix, in conjunction with the State Verification Exchange System (SVES) User Guide, contains the process for determining the number of qualifying quarters with which a household can be credited.

To determine the number of quarters available to an eligible immigrant household member, the EW must obtain answers to the following questions:

1. How long has the applicant, the applicant's spouse, or the applicant's parents (before the applicant turned 18) lived in this country?
2. How many years has the applicant, the applicant's spouse, or the applicant's parents (before the applicant turned 18) commuted to work in the U.S. from another country before coming to the U.S. to live, or worked abroad for a U.S. company or in self-employment while a legal resident of the U.S.?

*(If the total number of years to both questions is less than 10 years, the agency does not need to ask question 3 because the 40-quarter standard cannot be met.)*

3. In how many of the years reported in answer to question 1, did the applicant, the applicant's spouse, or the applicant's parent earn money through work?

*(To determine whether the applicant's earnings were sufficient to establish "quarters of coverage" in those years, the agency should refer to the income chart included in this appendix.)*

If the answer to question 3 is 10 years or more, the EW must verify, from **USCIS** documents or other documents, the date of entry into the country for the applicant, spouse and/or parent. If the dates are consistent with having 10 or more years of work, an inquiry through SVES must be made.

The applicant must complete the consent form by providing full name, social security number and date of birth of each individual (self, spouse, or parent) whose work history is relevant to the determination of eligibility. In addition, the applicant must provide a release form signed by each such individual, except deceased persons, giving the Social Security Administration (SSA) permission to release information through SVES on that individual to the agency and/or the applicant. The form must be retained in the case file to document the individual's consent. A consent form is valid for 12 months from the time of the signature.



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Information received through SVES will not report earnings for the current year and possibly not the last year's earnings. The household must provide verification of earnings through pay stubs, W-2 forms, tax records, employer records, or other documents, if the quarters of this period are needed to qualify for assistance.

If the household believes the information from SSA is inaccurate or incomplete, beyond the current two-year lag period, the household must be advised to provide the verification to SSA to correct the inaccurate income records.

In evaluating the verification received directly from the household or through SVES, the EW must exclude any quarter, beginning January 1997, in which the person who earned the quarter received benefits from the TANF, SSI, Medicaid or Food Stamp Programs. **This evaluation also includes benefits from the Nutritional Assistance Program from Puerto Rico, the Northern Mariana Islands, or American Samoa.**

In situations when consent to release information through SVES cannot be obtained from a parent or spouse for a reason other than death, information about quarters of coverage must be requested directly from the Social Security Administration. The applicant or EW must complete the Request for Quarters of Coverage (QC) History Based on Relationship form, SSA-513. The form must be completed to specify the period(s) for which the verification is requested. The completed form must be submitted to:

Social Security Administration  
P.O. Box 17750  
Baltimore, Maryland 21235-0001

When the SSA is unable to determine if a quarter should be allowed, the SVES inquiry will show "Z" or "#" codes. If an applicant cannot meet the 40-quarter minimum without using a questionable quarter, SSA will investigate the questionable quarter(s) and will either confirm or deny the quarter. Form SSA 512, Request to Resolve Questionable Quarters of Coverage (QC), must be used to resolve quarters before 1978. A copy of the SVES report must accompany the completed form. Form 512 must be submitted to the address above to the attention of the Office of Central Records Operations.

For questionable quarters for 1978 or later, the applicant must complete Form SSA-7008, Request for Correction of Earnings. This form is available at local SSA offices. The completed form, annotated on the top with "Welfare Reform", and proof of earnings must be submitted to:

Social Security Administration  
Office of Central Records Operations  
P.O. Box 17752  
Baltimore, Maryland 21235-0001

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## Establishing Quarters

The term "quarter" means the 3-calendar-month periods ending with March 31, June 30, September 30 and December 31 of any year.

Social Security credits (formerly called "quarters of coverage") are earned by working at a job or as a self-employed individual. A maximum of 4 credits can be earned each year.

Credits are based solely on the total yearly amount of earnings. All types of earnings follow this rule. The amount of earnings needed for each credit and the amount needed for a year in order to receive four credits are listed below.

Year	Quarter Minimum	Annual Minimum	Year	Quarter Minimum	Annual Minimum
1978	\$250	\$1000	1992	\$570	\$2280
1979	\$260	\$1040	1993	\$590	\$2360
1980	\$290	\$1160	1994	\$620	\$2480
1981	\$310	\$1240	1995	\$630	\$2520
1982	\$340	\$1360	1996	\$640	\$2560
1983	\$370	\$1480	1997	\$670	\$2680
1984	\$390	\$1560	1998	\$700	\$2800
1985	\$410	\$1640	1999	\$740	\$2960
1986	\$440	\$1760	2000	\$780	\$3120
1987	\$460	\$1840	2001	\$830	\$3320
1988	\$470	\$1880	2002	\$870	\$3480
1989	\$500	\$2000	2003	\$890	\$3560
1990	\$520	\$2080	2004	\$900	\$3600
1991	\$540	\$2160	<b>2005</b>	<b>\$920</b>	<b>\$3680</b>

If a current year quarter is included in the computation, use the current year amount as the divisor to determine the number of quarters available.

For quarters earned before 1978:

- A credit was earned for each calendar quarter in which an individual was paid \$50 or more in wages (including agricultural wages for 1951-1955);
- Four credits were earned for each taxable year in which an individual's net earning from self-employment were \$400 or more; and/or
- A credit was earned for each \$100 (limited to a total of 4) of agricultural wages paid during the year for years 1955 through 1977.



## Social Security Administration Consent for Release of Information

TO: Social Security Administration

Name	Date of Birth	Social Security Number
------	---------------	------------------------

I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

I want this information released because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(There may be a charge for releasing information.)

Please release the following information:

\_\_\_ Social Security Number  
\_\_\_ Identifying information (includes date and place of birth, parents' names)  
\_\_\_ Monthly Social Security benefit amount  
\_\_\_ Monthly Supplemental Security Income payment amount  
\_\_\_ Information about benefits/payments I received from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_ Information about my Medicare claim/coverage from \_\_\_\_\_ to \_\_\_\_\_  
   specify) \_\_\_\_\_  
\_\_\_ Medical records  
\_\_\_ Record(s) from my file (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_ Other (specify) \_\_\_\_\_

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: \_\_\_\_\_

(Show signatures, names, and addresses of two people if signed by mark.)

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_



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Date of Request \_\_\_\_\_

OMB NO.: 0960-0575

**Request for Quarters of Coverage (QC) History Based on Relationship**

Complete the information below when requesting QC history for applicants who qualify as spouse or parent(s) to lawfully admitted non-citizen. Mail the form to the Social Security Administration, P.O. Box 17750, Baltimore, MD 21235-0001.

Print

**Name:** \_\_\_\_\_, \_\_\_\_\_ M.I.  
Last First

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
MM DD YY

**Relationship to Applicant:** \_\_\_\_\_

**Note:** Complete the year column and circle the pertinent quarter(s) for the year. SSA will provide information only for years and quarters you indicate.

QC PATTERN					QC PATTERN				
Year	1st Q	2nd Q	3rd Q	4th Q	Year	1st Q	2nd Q	3rd Q	4th Q
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Agency's Name \_\_\_\_\_  
Agency Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_



4/98

VOLUME V, PART VII, APPENDIX 1, PAGE 6

OMB No:0960-0575

Date of Request\_\_\_\_\_

**REQUEST TO RESOLVE QUESTIONABLE QUARTERS OF COVERAGE (QC)**

Complete the information below when the QC array contains either a (#) pound sign or code "Z" prior to 1978. Mail the form and a copy of the system's printout to the Social Security Administration, P.O. Box 17750, Baltimore, MD 21235-0001.

**Print**

**Name:** \_\_\_\_\_  
\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM DD YY

**Request Years**

19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_,  
19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_,

OR

19\_\_\_\_ thru 19\_\_\_\_ 19\_\_\_\_ thru 19\_\_\_\_ 19\_\_\_\_ thru 19\_\_\_\_

**State's Name & Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Person's Name**

**&**

**Telephone Number**

\_\_\_\_\_  
\_\_\_\_\_

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.



Systematic Alien Verification for Entitlements Program

Section 121 of the Immigration Reform and Control Act of 1986 (IRCA), Public Law 99-603, required a system for verifying the immigration status of immigrants applying for certain types of benefits, including food stamps. The Systematic Alien Verification for Entitlements (SAVE) Program was intended to prevent the issuance of benefits to ineligible immigrants.

Immigrants must submit documentation of their immigration status before eligibility can be determined for food stamps. ([Part VII.F.](#) outlines the categories of eligible immigrants.) Once documentation has been provided by the household, the agency may determine the validity of the documents by comparing the information submitted with current immigration records maintained by the Immigration and Naturalization Service (INS). **The process described in this appendix may also be used to obtain information about an immigrant's sponsor to satisfy the requirements of [Part XII.C.](#)**

Verification is obtained through two processes:

1. Primary verification - a direct access to INS files via telephone or personal computer;
2. Secondary verification - a manual procedure completed in addition to or in place of primary verification via Form G-845S.

If an agency elects to use SAVE to validate the verification provided by the household, verification for immigrants with permanent status should not be resubmitted through SAVE once information has been obtained through SAVE. SAVE should be accessed periodically for immigrants with a temporary or conditional status if an agency elects to use SAVE. In addition, SAVE should be accessed for immigrants when their temporary status expires for information about sponsors.

Primary Verification

Primary verification is the automated method of accessing the Alien Status Verification Index (ASVI), the INS database. SAVE regulations require that automated access to ASVI must be attempted before attempting the manual, paper-trail method of secondary verification. There are some specific instances however, when the secondary verification method must be used without attempting to access ASVI. These reasons are listed in the Secondary Verification section of this Appendix.

ASVI is accessible through the Alien Registration Number (A-Number) which should be displayed on INS documents. ASVI is accessible either by the local agency directly or through regional/central office contact.



Information obtained through the ASVI should be compared with the original immigration document. If discrepancies are noted, the secondary verification process must be initiated. No negative action may be taken on the basis of the automated verification only.

#### Secondary Verification

The following circumstances require that the local agency skip the use of ASVI and perform secondary verification immediately when:

- Items presented as documentation appear altered or counterfeit;
- Documents have no Alien Registration Number (A-Number);
- Documents contain an A-Number in the A60 000 000 or A80 000 000 series;
- The document presented is any other form of INS fee receipt;
- The document presented is Form I-181 or I-94 in a foreign passport that is endorsed "Processed for I-551, Temporary Evidence of Lawful Permanent Residence," and the I-181 or I-94 is over one year old.
- **The document presented is an INS receipt for an application for a replacement document for a qualified status as listed in [Part VII.F.1.g.](#)**
- **Additional information is needed regarding sponsorship status, including whether the affidavit of support applies to rules prior to or after December 19, 1997, or for the name and address of the sponsor(s).**
- **Documentation is needed to substantiate the status as a victim of abuse.**
- **Expired documents are presented and the immigrant has a physical or mental disability that prevents new documents from being obtained from INS.**

In addition to the situations above, secondary verification should also occur when there is a discrepancy in the records, when there is no INS file for the individual or when there is an ASVI response "Institute Secondary Verification."

#### Secondary Verification Procedures

1. Complete the top portions of INS form **G-845S**, Document Verification Request **and Supplement**. Separate forms must be completed for each immigrant. A copy of the form follows this section.



2. Staple readable copies (front and back) of original immigration documents to the upper left corner of form G-845. Copies of other documents used to make the initial alien status determination must also be submitted. Other documentation could include marriage records or court documents that indicate the identity or immigration status of the holder.
3. Retain a copy of the completed **G-845S and Supplement** in the case record. Mail the forms to the appropriate INS office, as determined by the listings at the end of this section. Do not send bulk mailings.
4. While awaiting the secondary verification from INS, do not take any negative action against the case or individual on the basis of alien status.
5. Upon receipt of the **G-845S and Supplement**, compare the information with the case record. If eligibility of the alien is confirmed, file the **G-845S and Supplement** in case record. Appropriate action to reduce or terminate benefits must be taken if the verification proves an individual's ineligibility.



5/94

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U.S. Department of Justice

OMB #2226-0122

Immigration and Naturalization Service **SAVE**

Document Verification Request

Section A - to be completed by the submitting agency.

To: Immigration and Naturalization Service

6. Verification Number

7. ☐ Photocopy of Document Attached.  
(If printed on back, attach a copy of the front and of the back)  
☐ Other Information Attached (Specify documents)

From: Typed or Stamped Name and Address Submitting Agency

Attn: Status Verifier

(INS may use above address with a #20 window envelope)

8. (Benefits)	(Year Case Number)
<input type="checkbox"/> AFDC	
<input type="checkbox"/> Education Grant/Loans/Workstudy	
<input type="checkbox"/> Food Stamp	
<input type="checkbox"/> Housing Assistance	
<input type="checkbox"/> Medicaid/Medical Assistance	
<input type="checkbox"/> Unemployment Insurance	
<input type="checkbox"/> Employment Authorization	
<input type="checkbox"/> Other (specify)	

1. Alien Registration or I-94 Numer

2. Applicant's Name (Last, First, Middle)

3. Nationality

4. Date of Birth (Month, Day, Year)

5. Social Security Number

9. Name of Submitting Official

10. Title of Submitting Official

11. Date

12. Telephone Number

Section B - to be completed by INS

1. ☐ This document appears valid and relates to a Lawful Permanent Resident alien of the United States.
2. ☐ This document appears valid and relates to a Conditional Resident alien of the United States.
- 3.. ☐ This document appears valid and relates to an alien authorized employment as indicated below:
- a. ☐ Full-Time
- b. ☐ Part-Time
- c. ☐ No Expiration (Indefinite)
- d. ☐ Expires on \_\_\_\_\_  
(specify Month/Day/Year, below)
4. ☐ This document appears valid and relates to an alien who has an application pending for (specify INS benefits below)
5. ☐ This document relates to an alien having been granted asylum/refugee status in the United States.
6. ☐ This document appears valid and relates to an alien paroled into the United States pursuant to Section 212 of the I&N Act.
7. ☐ This document appears valid and relates to an alien who is a Cuban/Haitian entrant.

8. ☐ This document appears valid and relates to an alien who is a conditional entrant.
9. ☐ This document appears valid and relates to an alien who is a nonimmigrant (specify type or class below)
10. ☐ This document appears valid and relates to an alien not authorized employment in the United States.
11. ☐ Continue to process as legal alien. INS is searching indices for further information.
12. ☐ This document is not valid because it appears to be (check all that apply)
- a. ☐ Expired
- b. ☐ Altered
- c. ☐ Counterfeit

INS Stamp



Comments

13. ☐ No determination can be made from the information submitted. Please obtain a copy of the original alien registration documentation and resubmit.
14. ☐ No determination can be made without seeing both sides of the document submitted (*please resubmit request*).
15. ☐ Copy of document is not readable (*please resubmit request*).

“PRUCOL”

For Purposes Of Determining If Alien Is Permanently Residing Under Color of Law Only!

16. ☐ INS actively pursues the expulsion of an alien in this class/category.
17. ☐ INS is not actively pursuing the expulsion of an alien in this class/category, at this time.
18. ☐ Other

Instructions

- Submit copies of both/front and back of alien’s original documentation.
- Make certain a complete return address has been entered in the “From” portion of the form.
- The Alien Registration Number (“A” Number) is the letter “A” followed by a series of (7) or (8) digits. Also in this block may be recorded the number found on Form I-94. (check the front and back of the I-94 document and if the “A” Number appears, record that number when requesting information instead of the longer admission number as the “A” Number refers to the most integral record available.)
- If Form G-845 is submitted without copies of applicant’s original documentation, it will be returned to the submitting agency without any action taken.
- Address this verification request to the local office of the Immigration and Naturalization Service.



U.S. Department of Justice  
Immigration and Naturalization Service

Document Verification Request Supplement

TO BE COMPLETED BY THE SUBMITTING AGENCY

To: Immigration and Naturalization Service

Date \_\_\_\_\_

Applicant's Name (*Last, First, Middle*) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Alien Registration Number or I-94 Number \_\_\_\_\_

FROM: Typed or Stamped Name and Address of Submitting Agency \_\_\_\_\_

Telephone(\_\_\_\_) \_\_\_\_\_

Complete the following items: ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6 ☐ #7

TO BE COMPLETED BY INS

1. IMMIGRATION STATUS (check all that apply):

From the document or information submitted and/or a review we find that the person identified is a/an:

- ☐ a. Lawful Permanent Resident alien of the United States.  
(Complete b,c,d,g,h, or I if alien adjusted to LPR status from one of those statuses in the past 7 years.)
- ☐ b. Refugee admitted to the United States under Section 207 of the INA. (Complete Item 2 below.)
- ☐ c. Asylee under Section 208 of the INA. (Complete Item 3 below.)
- ☐ d. Alien whose deportation has been withheld under sections 243(b) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under section 241(b)(3).
- ☐ e. Alien paroled into the United States under Section 212(d) (5) of the INA for a period of at least 1 year.  
(compare Items 3 and 4 below.)
- ☐ f. Conditional Entrant pursuant to Section 203(a)(7) of the INA in effect prior to April 1, 1980.
- ☐ g. American Indian born in Canada to whom the provisions of Section 289 of the INA apply.
- ☐ h. Cuban/Haitian Entrant, as defined in Section 501(e) of the Refugee Education Assistance Act of 1980.  
(Compare Item 3 below)
- ☐ i. Amerasian immigrant, pursuant to Section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriation Act of 1988. (Complete Item 2 below.)
- ☐ j. Other (indicate status): \_\_\_\_\_

2. Date Alien entered the United States \_\_\_\_\_

3. Date status was granted: \_\_\_\_\_

4. Date status expires: \_\_\_\_\_

5. CITIZEN STATUS:

- ☐ This document appears valid and relates to a United States citizen.

6. SPECIAL BENEFIT PROVISIONS FOR CERTAIN VICITMS OF ABUSE:

- ☐ a. This alien obtained Lawful Permanent (or Conditional) Resident Status as the spouse, child, or widow(er) of a U.S. citizen.
- ☐ b. This alien obtained a Lawful Permanent (or Conditional) Resident Status as the spouse, child, or unmarried son or daughter of a lawful permanent resident alien.
- ☐ c. This alien did not obtain status as described in (a) or (b).



TO BE COMPLETED BY INS

7. AFFIDAVIT OF SUPPORT:

- ☐ a. This alien was sponsored on Form I-864. Affidavit of Support under Section 213A of the INA. Service receipt date \_\_\_\_\_ (Complete Item 3 on page 1.)
- ☐ b. This alien was not sponsored on Form I-864.

Name of Sponsor	Name of Joint Sponsor(s) (if any)
Sponsor's Social Security Number	Joint Sponsor's Social Security Number
____ - ____ - ____ - ____ - ____	____ - ____ - ____ - ____ - ____
Sponsor's Address	Joint Sponsor Address
_____	_____
_____	_____
_____	_____
_____	_____
	<input type="checkbox"/> See reverse for information on additional joint sponsor(s).

INS Stamp

- This supplement may be used in conjunction with Form G-845 to request verification; it cannot be used alone. It reflects information that may be relevant to eligibility for Federal, State, and local public benefits under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193.*



7/02

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Agencies Corresponding to INS, 4420 North Fairfax Dr., Arlington, VA 22203:

Albemarle	Fairfax	Orange
Alexandria	Fauquier	Page
Alleghany/Covington/ Clifton Forge	Floyd	Patrick
	Fluvanna	Pittsylvania
Amherst	Franklin County	Prince William
Appomattox	Frederick	Pulaski
Arlington	Galax	Radford
Bath	Giles	Rappahannock
Bedford	Grayson	Roanoke City
Bland	Greene	Roanoke County
Botetourt	Halifax	Rockbridge Area
Bristol	Harrisonburg/Rockingham	Russell
Buchanan	Henry/Martinsville	Scott
Buckingham	Highland	Shenandoah
Campbell	King George	Smyth
Carroll	Lee	Stafford
Charlotte	Loudoun	Staunton/Augusta
Charlottesville	Lynchburg	Tazewell
Clarke	Madison	Warren
Craig	Manassas	Washington
Culpeper	Manassas Park	Waynesboro
Cumberland	Montgomery	Winchester
Danville	Nelson	Wise
Dickenson	Norton	Wythe



Agencies Corresponding to INS, Norfolk Commerce Park, 5280 Henneman Drive,  
Norfolk, VA 23513.

Accomack	Hopewell	Petersburg
Amelia	Isle of Wight	Portsmouth
Brunswick	James City	Powhatan
Caroline	King and Queen	Prince Edward
Charles City	King William	Prince George
Chesapeake	Lancaster	Richmond City
<b>Chesterfield/Colonial Heights</b>	Louisa	Richmond County
Dinwiddie	Lunenburg	Southampton
Essex	Mathews	Spotsylvania
Franklin City	Mecklenburg	Suffolk
Fredericksburg	Middlesex	Surry
Gloucester	New Kent	Sussex
Goochland	Newport News	Virginia Beach
Greensville/Emporia	Norfolk	Westmoreland
Hampton	Northampton	Williamsburg
Hanover	<b>Northumberland</b>	York/Poquoson
Henrico	Nottoway	



PART VIII EMPLOYMENT SERVICES AND VOLUNTARY QUIT/WORK REDUCTION

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A. WORK REGISTRATION AND FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM

Virginia operates the Food Stamp Employment and Training Program (FSET) in several localities. The Eligibility Worker is responsible for registering mandatory participants and volunteers, and imposing sanctions when appropriate to do so.

In agencies where there is no FSET program, the eligibility worker shall evaluate and record each household member's work registration status based on the exemption criteria in [Part VIII.A.1](#). This information must be recorded on case entry documents for statistical purposes. The information must be reviewed and updated as needed at recertification.

For agencies operating FSET, the provisions which follow in the rest of [Part VIII.A](#) apply.

Additionally for FSET agencies, the same work-related requirements of the Virginia Initiative for Employment not Welfare Program (VIEW) for TANF recipients must be complied with for food stamps for TANF recipients who also receive food stamps. Food stamp sanctions for noncompliance however may not be imposed against persons who would otherwise be exempted from food stamp work registration for any reason other than being an Employment Services registrant ([Part VIII.A.1.c](#)). In addition, sanctions for noncompliance may not exceed the period described at [Part VIII.C](#).

Households jointly processed for Food Stamps and SSI shall have the work registration requirement waived until the household member is determined eligible for SSI and thereby becomes exempt from work registration; or, the household member is determined ineligible for SSI. The determination of the household member's work registration status would then be made no later than at the next regularly scheduled recertification.

Registrants who move out of a locality must re-register in the new locality.

If the eligibility worker has required an individual to register for work and the agency employment and training (E & T) worker disagrees, the E & T worker may request that the EW reconsider its determination. The EW must respond to such a request within 30 days. The EW's response to such a request will be accepted by the E & T worker as final.

Work registrants shall participate in the Employment and Training Program if assigned by the agency to the E & T Program; respond to a request from the local agency for supplemental information regarding employment status or availability to work; report to an employer to whom referred by the Employment and Training Program if the potential employment meets the suitability requirements described in [Part VIII.B.7.i](#); and, accept a bona fide offer of suitable employment to which referred by the Employment and



Training Program at a wage not less than the higher of the applicable State or federal minimum wage. Evaluations of compliance with these items are made by the E & T worker, not the eligibility worker.

1. Exemption from Work Registration (7 CFR 273.7(b))

The following persons are exempt from the work registration requirement:

- a. Any household member who has not attained his/her 16th birthday or who has attained the age of 60.
- b. Any household member 16 or 17 years old who is not the head of the household as defined in [Part VI.D](#).
- c. Employment Service Registrants. This exemption only applies to TANF recipients referred to the agency's Employment Services Program, and to GR recipients not exempt from GR work registration, but who live in a locality that does not operate FSET and are therefore registered with ESP. Accept the client's statement unless the information is questionable. Verification of employment services referral or registration can be obtained from the TANF or GR eligibility case file if necessary.
- d. A parent/caretaker of a child under 6. Accept the client's statement unless the information given is questionable. The registration requirement must be fulfilled at the next scheduled recertification following the child's 6th birthday, unless otherwise exempt.

In two parent situations, only one parent may receive the exemption for their children. If more than one family unit exists in the food stamp household, only one adult per family unit may receive the exemption.

When non-siblings exist in the food stamp household, the EW must determine through client statement which adults in the home exert parental control over which children for purposes of determining the exemption.

Examples

- 1) The household consists of a married couple and their 4 year old son. Mr. X is disabled and receiving SSI. He is exempt based on his disability. Mrs. X is exempt on the basis of the child under 6.



- 2) The household consists of a married couple and their two children, ages 2 and 4. Either parent is exempt on the basis of the children under 6. The other parent must be registered for work if not otherwise exempt.
- 3) The household consists of two sisters, each of whom has a child under 6. Each sister is exempt.
- e. An attendant for an incapacitated person. The incapacitated person is not required to be a household member. Accept the client's statement unless the information given is questionable.
- f. Applicants for and recipients of unemployment compensation in Virginia. Since persons who apply for unemployment compensation in Virginia (for Virginia benefits) are automatically registered for Food Stamp purposes no special registration is necessary with one exception. Persons on strike who have applied for, but are not receiving unemployment compensation are not registered for work by the VEC and, therefore, must be registered by the local agency. If the exemption claimed is questionable, the EW is responsible for verifying the exemption with the appropriate VEC Office. Persons who have applied for unemployment compensation in another state and are not yet receiving the benefit, however, are not automatically exempt from work registration. The EW must contact the state in which application was made to find out if the person was registered for work at the time of application for unemployment compensation. Persons who have filed an interstate claim in Virginia against the state they have recently left are also exempt.
- g. Regular participants in a drug or alcoholic treatment and rehabilitation program. Accept the client's statement unless the information given is questionable.
- h. A person who is employed for cash wages, in any amount, or self-employed and working a minimum of 30 hours per week. This shall include migrant and seasonal farm workers who are under contract or similar agreement with an employer or crew chief to begin employment within 30 days. In determining whether an applicant is working a minimum of 30 hours per week, fluctuating work hours may be averaged. Since this exemption is tied to a weekly figure, the period for averaging should also be tied to a weekly figure. The number of weeks to be averaged cannot exceed either the length of the certification period or the twelve-month work registration period. The average may be based on any number



of weeks less than either of these two periods which will allow a reasonable approximation of the number of hours worked per week. Accept the client's statement unless the information given is questionable.

- i. Persons working less than 30 hours per week, but earning at least the equivalent of the federal minimum wage multiplied by 30 hours.
- j. Persons who are obviously physically or mentally incapacitated. When disability is not obvious, proof of the disability may be established by the approval for or receipt of disability benefits. See Definitions. Also, approval for or receipt of benefits such as TANF, GR, Medicaid, or Workers Compensation based on a disability which has been verified by that program will be considered as proof of disability. Other individuals claiming a disability exemption must substantiate such disability by a medical statement **from a licensed medical provider** or licensed or certified psychologist or by approval for or receipt of benefits upon verification of same, such as an insurance company.
- k. A student enrolled at least half-time in an institution of higher education who meets the special eligibility criteria of Part VII.E.
- l. Other persons enrolled at least half-time in any recognized school or training program, including summer school.

NOTE: A placement by the Food Stamp Employment and Training Program does not exempt a person from work registration.

2. Frequency of Registration for Work (7 CFR 273.7(c))

Each person required to register shall do so at the time of application or reapplication, and every twelve months thereafter. New household members, added during the certification period, must be registered at recertification.

The EW must explain to the applicant the work registration requirements, an individual's rights and responsibilities, and the consequences of failure to comply with the registration process and work requirements.



The local agency must provide a work registration form to the applicant for each household member required to register and permit the applicant to complete the form for those members. Household members are considered to have registered when a completed form for that individual is received by the local agency.

If a household member **who is subject to the time-limited benefits of Part XV** loses his exemption status within the certification period because of a change in **the number of work hours**, that household member must register for work when the change is reported. If the change is reported in person by the household member required to register, the person must complete the work registration form at the time the change is reported, unless this is not possible, in which case the household member must return the form to the local agency within 10 days. If the change is reported in person by a household member other than the one required to register, the person reporting the change may complete the form at the time the change is being reported or deliver the form to the member required to register.

If the change is reported by phone or through the mail, the local agency is responsible for providing the participant with a work registration form. Participants will be responsible for returning the form to the agency within 10 calendar days from either the date the form was handed to the household member reporting the change in person, or the date the local agency mailed the form. If the household fails to return the form, the local agency must issue an Advance Notice of Proposed Action stating that either the household is being terminated or suspended, if the individual is the head of household or, that only the individual is being disqualified. The length of the disqualification period will be determined by the number of times an individual fails to comply with the requirements of Part VIII. See **Part VIII.C** for the disqualification periods.

Household members who lose their exemptions, due to a change in circumstances that is not subject to the reporting requirements of **Part XIV.A**, must register for work at the household's next recertification.

### 3. Method of Registration for Work

The method of registration will be accomplished as follows:

- a. Initial Application and Reapplication - complete an Employment Services Registration form for each nonexempt household member. The completed form is to be forwarded to the FSET worker within 5 days after the household is certified. A copy must be retained for the case file.



- b. Every twelve months thereafter - Complete an Employment Services Registration form for each nonexempt household member. The EW must forward the completed form to the FSET worker within 5 days after certification. A copy must be retained in the case file.
- c. Changes in Work Registration Information - The EW must submit the changes to the FSET worker within 30 days from the date the change becomes known to the EW. Such changes include informing the FSET worker that a client is no longer required to be registered.
- d. Recertification - At each recertification all household members must be evaluated to determine if the work registration exemption for the individual is still valid. Registration must occur if an individual is no longer exempted or if the 12-month prior registration period has ended. The exemption status must be revised if a different exemption exists.

4. Noncompliance with Work Registration and Employment Services Requirements (7 CFR 273.7(g))

- a. If an individual, other than the head of the household, as defined in [Part VI.D](#), fails, without good cause, to comply with work registration or employment and training requirements, that individual will be ineligible to participate in the Food Stamp Program. The individual will be disqualified and the income and resources handled accordingly as per the related policies of [Part VI.C.2](#) and [Part XII.E](#) of this Manual.

If the head of the household fails to comply, the entire household is ineligible to participate.

- b. Ineligibility of the individual or entire household will continue until:
  - 1) the individual becomes exempt from work registration, other than through the exemptions in [Part VIII.A.1.c](#) (PA ESP registrants) or [Part VIII.A.1.f](#) (unemployment compensation);
  - 2) the individual is no longer a member of the household although any new household containing the individual must be evaluated under [Part VIII.A.4.e](#) to determine whether a continuation of a sanction would be appropriate; or
  - 3) the sanction period expires, as outlined in [Part VIII.C](#).



A household determined to be ineligible due to failure of its head to comply with employment program provisions may reestablish eligibility if a new and eligible person joins the household as its head of household.

NOTE: The Food Stamp Employment and Training Program (FSET) does not operate statewide. The situation may occur where an individual or household disqualified for noncompliance with FSET moves to a locality with no FSET services. In such instances, the provisions of this section still apply except that compliance with the employment and training program requirements (item 1) will not be expected.

- c. Following the end of the disqualification period for noncompliance with the work registration or employment and training requirements, participation may resume if the disqualified household applies again, is determined eligible, and complies with the registration or employment and training requirements. If only the individual household member has been disqualified, the member must be added back to the household for the first month following the end of the disqualification period if there is compliance with the employment and training program requirements.
- d. With the exception of the situation where a household member refuses to register in the first place, it will be the responsibility of the E & T worker to determine whether the household has failed to comply and whether good cause exists, prior to informing the EW of a failure to comply. The E & T worker must also determine if compliance exists at the end of the sanction period or upon reapplication.

Within 10 days of receiving such notification from the E & T worker, the EW must send the household a sanction notice and inform the E & T worker when the notice is sent. The notice must state the act of noncompliance, the proposed period of disqualification and the fact that the household may reapply at the end of that period.

For households whose certification periods are not yet expiring, the Food Stamp Sanction Notice for Noncompliance with a Work Requirement must be sent such that a ten day advance notice period is provided. A joint Advance Notice of Proposed Action must be used however, if both public assistance and food stamp benefits are adversely affected. The sanction notice can



be attached to the Advance Notice to explain the information outlined in the paragraph above. The disqualification period will begin with the first month following the end of the advance notice period, unless a fair hearing is requested during the advance notice period.

For households whose certification periods are ending, where the disqualification will be effective the first of the month following the current certification period, the Food Stamp Sanction Notice for Noncompliance with a Work Requirement must be sent to inform the household of the disqualification.

A sanction notice must also be sent to the household in cases where eligibility is ending for a reason unrelated to the noncompliance, even if prior notification of closure for another reason had already been provided.

If a hearing is requested and benefits are continued and the agency action is ultimately sustained, the disqualification period will be imposed as soon as administratively possible following receipt of the hearing officer's decision. No further notification to the household is required.

Usually, an agency's failure to take negative action timely results in a situation where a claim for an overissuance must be filed. However, if the agency fails to send notification of the sanction in a timely manner, no claim is filed for the months the sanction should have been imposed. Rather, the sanction will be imposed when the notification is finally sent, following the guidelines for imposition described in the paragraphs above.

- e. If any household member who failed to comply joins another household and is the head of that household, then that entire new household will be ineligible for the remainder of the disqualification period.

If the member who failed to comply joins another household but is not the head of the household, the individual will be considered a disqualified household member under [Part VI.C.2](#).

- f. The local agency must determine whether good cause for any noncompliance exists. While this is primarily the responsibility of the E & T worker, the EW may need to report any new information to the E & T worker prior to imposing the appropriate sanction.



In determining if good cause exists, the agency must consider all information, including information submitted by the household member involved and the employer. Good cause shall include circumstances beyond the member's control, such as, but not limited to, illness, illness of another household member requiring the presence of the member, a household emergency or the unavailability of transportation.

- g. A household may contain a member who is exempt from Food Stamp work registration because **of registration through TANF or GR or as** an applicant or recipient of unemployment compensation (UC). If such a member fails to comply with an **employment program** requirement **for TANF or GR**, it shall be treated as though the member failed to comply with the corresponding food stamp requirements.

If a household member fails to comply with an UC requirement comparable to a food stamp registration or FSET requirement, it shall be treated as though the member failed to comply with corresponding food stamp requirements. The agency must first determine whether the UC requirement was comparable to one in the Food Stamp Program. Similarly, if there is a loss or denial of UC benefits, the local agency must determine whether the loss or denial was caused because a household member refused or failed, without good cause, to comply with a work requirement and, if so, whether the requirement was comparable to a work registration or employment and training requirement in the Food Stamp Program. The UC requirement will not be considered comparable if it places responsibilities on the household which exceeds those imposed by the food stamp work registration requirements.

The individual or entire household (if the individual who committed the violation is the head of the household) shall be disqualified unless good cause as described in [Part VIII.A.4.f](#) exists for ESP violations or comparable UC requirements. The local agency must provide the household with a Food Stamp Sanction Notice for **Noncompliance with a Work Requirement** within 10 days after learning of the household member's noncompliance with the UC or ESP requirement, and follow the other notification requirements described in [Part VIII.A.4.d](#).

A disqualified individual or household may resume participation in the Food Stamp Program if the conditions in [Part VIII.A.4.b.](#), [Part VIII.A.4. c.](#), or [Part VIII.A.4.e](#). are met.

The household or individual will not be disqualified from participation if the noncomplying member meets one of the work



registration exemptions listed in [Part VIII.A.1.](#), other than the exemptions for employment service program registrants or unemployment compensation applicants and recipients.

Example

A **TANF** mother with child age 4 is an **VIEW** registrant. She failed to complete a job search. However, she is exempt from food stamp work registration because she has a child under 6, so no food stamp sanction is imposed.

Household members who fail to comply with UC requirements **that are not comparable** will not cause the household to be disqualified but they will lose the exemption status as unemployment compensation applicants and recipients. They must register for work in the Food Stamp Program at the time the exemption status is lost, unless otherwise exempt. The registration form must be annotated to show the reason for registration before it is forwarded to the E & T worker.

B. VOLUNTARY QUIT AND WORK REDUCTION (7 CFR 273.7(n))

An individual who quits a job of 20 hours or more per week or who reduces the work effort so that less than 30 hours per week remain after the reduction is not eligible for food stamps unless the person is exempted from work registration requirements, as outlined in [Part VIII.A.1.](#), or unless good cause can be documented for the quit or reduction. If the person is the head of the household, as defined in [Part VI.D.](#), the entire household is ineligible for participation in the Food Stamp Program. The length of time the individual or household is ineligible will be determined by the number of previous violations for this Part that have been incurred by the individual. The disqualification periods are listed in [Part VIII.C.](#)

At the time of application, the local agency must explain to the applicant the consequences of a household member quitting a job or reducing the number of hours worked without good cause and of the consequences of a person joining the household as its head if that individual has voluntarily quit employment or reduced the work effort.

The Food Stamp Sanction Notice for **Noncompliance with a Work Requirement** contains the information required to be told to the household when a case is being denied or closed due to a sanction for voluntarily quitting or reducing employment without good cause.

1. Exemptions from Voluntary Quit and Work Reduction Provisions

Persons who are exempt from the work registration provisions in [Part VIII.A.1.](#) at the time of the quit or work reduction, with the



exception of those exempted because of **registration with Employment Services for TANF or GR and because** of employment ([Part VIII.A.1.\(c and h\)](#)), will be exempt from the voluntary quit and work reduction provisions.

For applicants, if the quit or work reduction occurred prior to the date of application, evaluate work registration on the date of application to determine whether the household is exempt from voluntary quit or work reduction provisions. If the quit or work reduction occurred after the date of application but before the case was processed, evaluate work registration status on the day of the quit or work reduction to determine whether the household is exempt from voluntary quit or work reduction provisions.

For participating households, evaluate the household member's work registration status on the day of the quit or work reduction to determine whether the household is exempt from voluntary quit or work reduction provisions.

2. Determination of Voluntary Quit or Work Reduction

When a household files an application for participation or when a participating household reports the loss of a source of income or reduced income, the local agency must determine whether any household member quit a job or purposefully reduced the number of hours worked.

a. Voluntary quit provisions apply if:

- 1) the employment involved 20 hours or more per week or provided weekly earnings at least equivalent to the federal minimum wage multiplied by 20 hours;
- 2) the quit occurred within 60 days prior to the date of application or any time thereafter; and
- 3) the quit was without good cause.

b. Work reduction provisions apply if:

- 1) the employment involved more than 30 hours per week;
- 2) fewer than 30 hours per week exist after the reduction;
- 3) the reduction occurred within 60 days prior to the date of application or any time afterwards; and
- 4) the reduction was without good cause.



Changes in employment status that result from ending a self-employment enterprise or resigning from a job at the demand of the employer do not count as voluntary quit for purposes of this chapter. Changes in employment status will also include situations in which renewal contracts are not offered or a decision is made not to reenlist in the military. Failure to accept a renewal offer of a contract with comparable terms will count as voluntary quit.

An employee of the federal, state or local government who participates in a strike against that government and is dismissed from the job because of participation in the strike, will be considered to have voluntarily quit the job without good cause.

If an individual quits a job, secures new employment at comparable wages or hours, and is then laid off, or through no fault of his own loses the new job, the earlier quit will not form the basis of a disqualification.

3. Voluntary Quit or Work Reduction at Application

Upon a determination that a household member voluntarily quit employment or reduced the work effort, the local agency must determine if the quit or reduction was for good cause, as defined in [Part VIII.A.4.](#) and [B.7.](#)

For an applicant household, if the quit or reduction was without good cause, the household's application must be denied and a sanction imposed in accordance with Part VIII.C. The sanction period will be from the date of the quit or work reduction. The local agency must provide the household with a *Notice of Action* to deny the application. The notice must inform the household of the proposed disqualification period, its right to reapply at the end of the disqualification period, and of its right to a fair hearing. For voluntary quits or work reductions that occur after the date of application but before the application is processed, the household may be eligible for benefits for the period of time prior to imposition of the sanction. See [Part XIII.D.2.](#) for information on prorating benefits in these situations.

An application filed in the last month of disqualification must be used for the denial of benefits in the remaining month of disqualification and for certification for any subsequent month(s), if all other eligibility criteria are met.

4. Voluntary Quit or Work Reduction for Participating Households (7 CFR 273.7(n)(1)(vi))

If the local agency determines that a member of a participating



household voluntarily quit a job or **voluntarily reduced the work effort** without good cause while participating in the program, or discovers a quit **or reduction** that occurred within 60 days prior to application for benefits or between application and certification, and the individual is not otherwise exempt from work registration at the time of the **action**, the individual or household will be disqualified. The local agency must provide the household with an Advance Notice of Proposed Action within 10 days after the determination of a quit or reduction. The notice must include the particular act of noncompliance committed, the proposed period of ineligibility, and it must specify that the household may reapply at the end of the disqualification period. The period of ineligibility shall be assigned in accordance with [Part VIII.C](#) and shall run continuously beginning with the first of the month after all normal procedures for taking adverse action have been followed.

If a voluntary quit **or work reduction** occurs in the last month of a certification period, or is discovered in the last month of the certification period, the procedure the agency follows depends on whether or not a recertification application is filed.

If a recertification application is filed by the end of the certification period, the household shall be denied or the individual will be disqualified beginning with the day after the certification period ends.

If the household does not apply for recertification by the end of the certification period, establish a claim for benefits received for up to the number of months for the penalty, beginning the first of the month after the month in which the quit **or reduction** occurred. If there are fewer than the number of months for the penalty from the first of the month after the quit **or work reduction** occurred to the end of the certification period, the claim is filed and the household remains ineligible for the balance of the disqualification period. If no claim is warranted, the household is ineligible for the number of months for the penalty, beginning with the first month following the end of the certification period.

#### Example

Certification period ends March 31. The agency discovers on March 4 that a quit or work reduction occurred January 22. This is the second violation incurred by the household member.

- a. A recertification is filed March 15. Deny the recertification for three months, from April through June.



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- b. No recertification is filed by March 31.  
Establish a claim beginning February 1, the  
first of the month following the quit.

There are two months from February to March, the  
last month of the certification period. Consider  
the period of ineligibility to extend through April  
to complete the three month period of  
ineligibility.

Each household has a right to a fair hearing to appeal a termination  
or reduction of benefits due to a determination that the household's  
head or other household member voluntarily quit a job **or reduced the  
work effort** without good cause. If the participating household  
requests a hearing and receives continuation of benefits and the  
local agency determination is upheld, the disqualification period  
shall begin the first of the month after the hearing decision is  
rendered.

5. Changes in Household Composition After a Sanction Has Been Determined  
(7 CFR 273.7(n)(1)(vi))

The sanction will follow the individual who voluntarily quit or  
reduced employment, if he/she leaves the household in which he/she  
lived at the time of the quit **or reduction** and if the individual  
joins another participating household, as its head, and the original  
sanction period has not yet expired. The Advance Notice of Proposed  
Action must be sent to close the case if the household is currently  
certified. If the individual files an application alone or with  
persons not already participating, and the original sanction period  
has not yet expired, the application must be denied for the duration  
of the original sanction period. The new household remains  
ineligible for the remainder of the sanction period. If an  
individual who voluntarily quit **or reduced the work effort** joins a  
new household and is not its head, the **individual remains  
disqualified for the balance of the sanction period.**

If a participating household reports the addition of a person who  
quit a job within 60 days of the report, and that individual meets  
the definition of the head of the household, voluntary quit is  
evaluated.



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6. Ending a Voluntary Quit or Work Reduction Disqualification (7 CFR 273.7(n)(5))

Following the end of the disqualification period a household may begin participation in the Program if it applies again and is determined eligible.

Eligibility may be reestablished during a disqualification period and the **individual or** household shall, if otherwise eligible, be permitted to resume participation if the member who caused the disqualification leaves the household. Eligibility may also be reestablished if the violator becomes exempt from the work registration requirements under [Part VIII.A.1.](#) except for PA ESP registration ([Part VIII.A.1.c.](#)) or application for or receipt of Unemployment Compensation ([Part VIII.A.1.f.](#)).

A household determined ineligible due to a voluntary quit may reestablish eligibility if a new and otherwise eligible member joins as its head, **provided the original head has left the household.**

If the member who caused the disqualification leaves the household or becomes exempt from work registration prior to the effective date of the case closure, or while an application is still pending, the agency must reestablish eligibility, without requiring another application, provided the household is otherwise eligible. For currently eligible households, the action to reestablish the case may be taken in the month following the effective date of the closure as long as the member left prior to the effective date.

Examples

- a. The head of household quit a job without good cause on May 2. The agency takes action to close the case effective May 31. On May 27 the household reports that the individual who quit the job has left the household. The case should be reestablished without requiring a new application.
- b. The head of household reduced the number of hours worked without good cause on May 2. On June 3, the household reports that the head left the household that morning. The household must reapply.

For pending applications, the application must be denied for the period of time the disqualification is appropriate, and certified from the date the disqualification can end.



For applications that have already been denied, a reapplication is needed.

If a sanctioned household splits into more than one household, the sanction will follow the member who caused the disqualification.

7. Good Cause (7 CFR 273.7(n)(3))

Good cause for leaving employment or should include, but should not be limited to the following, as well as the provisions of [Part VIII.A.4.f.](#):

- a. Discrimination by an employer based on age, race, sex, color, handicap, religious beliefs, national origin, or political beliefs;
- b. Work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule;
- c. Enrollment of the **head of household or other individual required to register** at least half-time in any recognized school, training program, or institution of higher education that requires the **household member** to leave employment;
- d. Acceptance by any other household member of employment or enrollment at least half-time in any recognized school, training program, or institution of higher education in another county or similar political subdivision which requires the household to move and thereby requires the **head of household or other individual required to register** for work to leave employment;
- e. Resignations by persons under the age of 60 which are recognized by the employer as retirement;
- f. Acceptance of a bona fide offer of employment of 20 hours or more a week or in which the weekly earnings are equivalent to the federal minimum wage multiplied by 20 hours by the **head of household or other individual required to register**. Good cause shall also include acceptance of such employment which, because of circumstances beyond the control of the **household member**, subsequently either does not materialize or results in employment of less than 20 hours a week or weekly earnings of less than the federal minimum wage multiplied by 20 hours;



- g. Leaving a job in connection with patterns of employment in which workers frequently move from one employer to another, such as migrant farm labor or construction work. There may be some circumstances where households will apply for food stamp benefits between jobs, particularly in cases where work may not yet be available at the new job site. Even though employment at the new job site has not actually begun, the quitting of the previous employment shall be considered as with good cause if part of the pattern of that type of employment.
- h. Leaving a job because of other circumstances beyond the member's control, such as, illness, illness of another household member requiring the presence of the person claiming good cause, a household emergency, or the unavailability of transportation.
- i. Employment which is considered unsuitable by not meeting the following criteria:
  - 1) The employment pays less than the federal minimum wage or, if the employment does not fall under federal guidelines, pays less than 80% of the federal minimum wage.
  - 2) The employment is on a piece-rate basis and earnings are expected to be less than the federal minimum wage or, if the employment does not fall under federal guidelines, pays less than 80% of the federal minimum wage.
  - 3) The employment would require joining, resigning from, or refraining from joining any legitimate labor organization.
  - 4) The work offered is at a site subject to a strike or lockout at the time of the offer, unless the strike has been enjoined under the Taft-Hartley Act or an injunction has been issued under Section 10 of the Railway Labor Act.
  - 5) The employment would be hazardous to the registrant's safety and/or health.
  - 6) The registrant is physically or mentally unfit to perform the employment, as documented by a medical statement provided by a physician or licensed or certified psychologist or information from another reliable source.



- 7) Daily travel to and from work will exceed two (2) hours round trip, exclusive of time necessary to transport children to and from a child care facility. Employment will not be considered suitable if the distance to the place of employment prohibits walking and neither public nor private transportation is available to transport persons to the job site.
- 8) Working hours or the nature of the employment would conflict with the registrant's religious convictions, beliefs or observations.

It is the responsibility of the EW to investigate any allegations of employment unsuitability. The case record must contain the facts regarding a determination of unsuitable employment, the date of substantiation and the method of securing the information.

8. Verification

To the extent that the information given by the household is questionable, local agencies shall request verification of the household's statements. The primary responsibility for providing verification rests with the household. If it is difficult or impossible for the household to obtain documentary evidence in a timely manner, the local agency shall offer assistance to the household to obtain the needed verification. Acceptable sources of verification include, but are not limited to, the previous employer, employee associations, union representatives, farmworker service organizations, and grievance committees or organizations. Whenever documentary evidence cannot be obtained, the local agency shall substitute a collateral contact. The local agency is responsible for obtaining verification from acceptable collateral contacts provided by the household.

If the household and the local agency are unable to obtain requested verification from these or other sources because the cause for the quit resulted from circumstances that for good reason cannot be verified, such as a resignation from employment due to discrimination practices or unreasonable demands by an employer or because the employer cannot be located, the household will not be sanctioned.



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## C. SANCTION PERIODS FOR NONCOMPLIANCE

Individuals or entire households will be barred from receiving food stamps for periods when household members fail to comply with work registration or employment and training programs requirements, or they quit a job or reduce work efforts without good cause. Only the person who fails to comply or who quits or reduces work will be disqualified unless that person is the head of the household. The disqualification procedures of [Part XII.E.](#) must be followed to attribute income and resources to the remaining household members. The entire household will be ineligible for the sanction period for the time listed below if the person who failed to act or who quit or reduced work is the head of household.

The duration of the disqualification period is dependent on the number of times the household member fails to comply. For each act of noncompliance by an individual, the length of the disqualification is increased. Violations by one household member must not be added to actions by another member to determine the sanction period.

The individual or household sanction periods are:

	Work Registration/E & T Participating Households Voluntary Quit/Reduction	Applying Households Voluntary Quit/Reduction
Violation 1	One month	30 days
Violation 2	Three months	90 days
Violation 3 or more	Six months	180 days

For applying households, the penalty period is assessed from the day of the quit or work reduction.

The sanction period must be served before the individual or household regains eligibility except in instances when an individual who causes the action leaves the household **or becomes exempt from work registration and related requirements**. After the sanction period has been served, eligibility may be regained by the individual or household for voluntary quit or work reduction violations. For noncompliance of work registration or employment and training requirements in FSET agencies however, eligibility may be regained at the end of the sanction period only if the individual also complies by completing the registration form or takes E & T actions to the satisfaction of the FSET worker.

See [Part XIII.D.2.](#) for a discussion of proration of benefits for households that reapply before the sanction period expires.



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PART IX

RESOURCES

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A. RESOURCES (7 CFR 273.8)

Only liquid assets will count in determining the eligibility of households. Households must report all countable resources held by its members at the time of application and any the members expect to receive during the certification period. The eligibility worker must document the assets in sufficient detail to permit verification, if needed. The household's resources at the time of the interview will determine whether or not the assets are below the maximum allowable resource limit.

B. RESOURCE LIMITS

The household's total nonexempt resources (liquid and nonliquid) may not exceed:

- \$3,000 if the household has at least one member who is 60 years of age or older or a member who is disabled, as defined in Definitions.
- \$2,000 if the household does not have a member who is 60 years of age or older or one who is disabled, as defined in Definitions.

The resource limits do not apply to categorically eligible PA households or members. See [Part II.H.3](#).

C. NONEXEMPT RESOURCES

Resources used to determine eligibility include:

1. Liquid assets, such as, but not limited to:

- a. Cash on hand.
- b. Money in accounts. "Account" means a contract of deposit of funds between a depositor and a financial institution. This includes checking accounts, savings accounts, certificates of deposit, share accounts (i.e., credit union accounts), or like arrangements.
- c. Stocks or bonds.
- d. Lump sum payments, such as income tax refunds, rebates or credits, lump sum insurance settlements, refunds of security deposits on rental property or utilities, retroactive lump sum SSA, Public Assistance, Railroad Retirement benefits, or other payments.



Lump sum payments also include gambling winnings, and accumulated vacation or sick pay of terminated employees received in one installment.

- e. Funds in a trust or transferred to a trust except as stated in [Part IX.D.9.d.](#)
- f. Funds held in individual retirement accounts (IRA), Simplified Employer Pension Plans (SEP) or KEOGH plans that do not involve the household member in a contractual relationship with individuals who are not household members. The countable amount of the IRA, SEP or includable KEOGH plan will be the total cash value of the account or plan, minus the amount of penalty (if any) that would be exacted for the early withdrawal of the entire amount in the account or plan.

KEOGH plans that involve more than one person will normally not count as a resource because they involve a contractual relationship with someone else. However, if the KEOGH plan will allow individual participants to make withdrawals without affecting the other parties in any way, then the household member's funds in the KEOGH will count as a resource. Also, if all parties in this type of KEOGH plan are members of the same food stamp household then the KEOGH will count as a resource.

- g. Earned income tax credits count two months after the month of receipt regardless of whether the payments were received as a tax refund or periodically throughout the year. Earned income tax credits are excluded as a resource for the month of receipt and the following month.

NOTE: When determining the amount of nonexempt liquid resources to count, especially bank accounts, do not consider any amount that would count as income for the same month.

#### Example

An applicant deposited his Social Security check into a checking account. The bank statement lists a deposit equal to the applicant's check. The resource amount of the checking account would be the account balance minus the amount of the deposit.

Presume that joint bank accounts belong to the parties in proportion to their net contributions during the lifetime of all parties. A joint account between persons married to each other belongs to each party equally (half and half) however.



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Except for persons married to each other, each party's net contribution to the account may be established by signed statements from all parties.

If the parties can establish that they intended a different ownership arrangement, then that ownership arrangement prevails over the above presumption.

Example

A food stamp client's name is listed on her elderly mother's savings account. Both the client and her mother sign statements that the client has not contributed any money to the account. The account is not a resource to the client.

If parties married to each other are divorced by final decree, ownership of a joint account is proportional to their net contributions unless the divorce decree specifies otherwise.

2. That portion of the liquid resources of an alien's sponsor and the sponsor's spouse (if living with the sponsor) deemed to be those of the alien according to procedures established in [Part XII.C.2](#).

D. EXEMPT RESOURCES

Resources that will not count in determining eligibility include:

1. Real property, regardless of acreage.
2. Mobile homes, regardless of lot ownership.
3. Vehicles.
4. Household goods, such as furniture and appliances, and personal effects, such as clothing and jewelry. All tools are exempt, whether or not they are essential to the employment or self-employment of a household member.
5. Burial plots. In addition, the value of bona fide funeral agreements is exempt.
6. Cash value of life insurance policies.
7. Funds in pension or retirement plans, as long as the funds are not withdrawn. These plans may include 401(k), 403(b), 501(c)(18) and KEOGH plans that involve an obligation with someone outside of the



food stamp household. Funds withdrawn at the time of **or after** retirement **or other job termination will** count as income **upon receipt.**

The following plans are not exempted from consideration; they are countable resources: KEOGH Plans where there is no contractual relationship with individuals outside of the food stamp household; Individual Retirement Accounts (IRA); and Simplified Employer Pension Plans (SEP). See [Part IX.C.1.f](#) to determine the countable value.

8. The contract amount for land, buildings, and vehicles, sold on an installment basis.

Examples

- a. An applicant sells a piece of land for \$3,000. The applicant continues to hold the deed while the buyer pays \$100 per month. The \$3,000 selling price is exempt, but the \$100-payment counts as income.
  - b. An applicant sells a car for \$1,900 (which is its "Blue Book" value), but continues to hold title to the car while the buyer pays \$75 per month. The monthly payment of \$75 will count as income.
9. Resources whose cash value is not accessible to the household, such as, but not limited to:
- a. Security deposits on rental property or utilities.
  - b. Property in probate. For example, any property inaccessible to the household until there is a judicial determination concerning the validity of a will.
  - c. Some profit sharing programs. For example, a program that makes money available to the employee only when necessary to allow the employee to pay excessive medical expenses is exempt.
  - d. Irrevocable trust funds. These are any funds in a trust or transferred to a trust, and the income produced by that trust to the extent that it is not available to the household provided that the following four criteria are met:
    - 1) The trust arrangement is not likely to cease during the certification period and no household member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period;



- 2) The trustee administering the fund is either:
  - a) A court, or an institution, corporation, or organization which is not under the direction or ownership of any household member; or,
  - b) An individual appointed by the court who has court imposed limitations placed on the use of the funds which meet the requirements of this chapter;
- 3) Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of a household member; and,
- 4) The funds held in irrevocable trust are either:
  - a) Established from the household's own funds, if the trustee uses the funds solely to make investments on behalf of the trust or to pay the educational or medical expenses of any person named by the household creating the trust, or
  - b) Established with funds of a person outside the household.

If the trust arrangement does not meet the four conditions listed above, the household must initiate court action to establish inaccessibility within the application processing timeframes for determining eligibility. Until the court renders a decision, the trust is available to the household.

- 10. Governmental payments designated for the restoration of a home damaged in a disaster, if the household is subject to legal sanctions in the event the funds are not used as intended. These types of payments include:
  - a. The Department of Housing and Urban Development or through the Individual and Family Grant Program.
  - b. The Small Business Administration as disaster loans or grants.
- 11. Resources that have been prorated as income for self-employed persons will not count as a resource. This includes profits from the annual sale of crops.



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12. Resources of nonhousehold members, including ineligible students.  
**See Part VI.C.1 for a list of these persons. The resources of disqualified household members will count however.** (See [Parts VI.C.2 and XII.E.](#))
13. Resources excluded by law. (Admin. Notice A-39-97). This includes:
  - a. Benefits received from the supplemental food program for Women, Infants and Children, commonly known as the WIC program (P.L. 100-435).
  - b. Reimbursements from Title II of the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970. (P.L. 91-646, Section 216).
  - c. Earned income tax credits excluded as follows:
    1. Federal earned income tax credits received as a lump sum or as payment for the month of receipt and the next month.
    2. Federal, state or local earned income tax credits for 12 months from receipt if the individual receiving the tax credit was participating in the Food Stamp Program when the tax credit was received and provided that the household continuously participates during the 12-month period. In determining the 12-month period, temporary breaks of one month or less will not be considered as nonparticipation.
  - d. Payments for meals for children or adults on whose behalf the payment is made through the Child and Adult Care Food Program, Section 12(3) of the School Lunch Act.
  - e. Energy Assistance payments, including payments from the Low Income Home Energy Assistance Program (i.e., the Virginia Fuel Assistance Program), CSA payments, HUD and FmHA utility reimbursements. (P.L. 99-425).
  - f. Financial assistance from a program funded in whole or in part under Title IV of the Higher Education Act and the Bureau of Indian Affairs, as amended. Exclude also any money incurred or issued through the U.S. Department of Education or received under the Carl D. Perkins Vocational and Applied Technology Education Act (P.L. 99-498 and 100-50).
  - g. Payments to certain U.S. citizens of Japanese ancestry and resident Japanese aliens and certain Aleuts, under the Wartime Relocation of Civilians Act (P.L. 100-383).



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- h. Payments from the Agent Orange Settlement Fund or any other fund established for settlement of Agent Orange product liability litigation. (P.L. 101-201 and 101-239).
- i. All compensation from the Alaska Native Claims Settlement Act and amendments (P.L. 92-203 and 100-241).
- j. Payments authorized under the Disaster Relief Act of 1974, as amended (P.L. 100-707) and the Disaster Relief and Emergency Assistance amendments of 1988. The President must declare the disaster or emergency. This exclusion applies to federal payments and comparable disaster assistance provided by States, local governments and disaster assistance organizations.

Most Federal Emergency Management Assistance (FEMA) funds are excluded, but payments made when there is no declared disaster or emergency, such as rent assistance for a homeless household, are not excluded.

- k. The following payments to or land of Indian tribes:
  - Indian land held jointly with the tribe or land that can be sold only with the approval of the Department of the Interior's Bureau of Indian Affairs.
  - Payments under the SAC and Fox Indian claims agreement (P.L. 94-189).
  - Payments received by certain Indian tribal members for submarginal land held in trust by the United States (P.L. 94-114, Section 6).
  - Payments received from the disposition of funds to the Grand River Band of Ottawa Indians (P.L. 94-540).
  - Payments received by the Confederate Tribes and Bands of Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation from the Indian Claims Commission (P.L. 95-433, Section 2).
  - Payments from the Maine Indian Claims Settlement Act of 1980 to the Passamaquoddy Tribe, the Penobscot Nation, and the Houlton Band of Maliseet (P.L. 96-420, Section 9c).
  - Payments of relocation assistance to members of the Navajo and Hopi Tribes (P.L. 93-531, Section 22).



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- Per capita interests in trust or restricted lands under the Indian Tribal Judgment Fund Use (P.L. 93-134 and 97-458).
  - Payments to the Chippewa Tribes: Turtle Mountain, Red Lake, Mississippi, Lake Superior, Saginaw or White Earth (P.L. 97-403, 98-123, 99-146, 99-264, 99-346, and 99-377).
  - Payment to the Blackfeet, Grosventre, and Papago Tribes (P.L. 97-408).
  - Payments to the Assiniboine Tribes (P.L. 98-124, Section 5 and 97-408).
  - Payments to the Seneca Nation (P.L. 101-503).
  - Payments to the Puyallup Tribe (P.L. 101-41).
  - Payments, except for per capita payments over \$2000, to the Seminole Nation of Oklahoma, the Seminole Tribe of Florida, and the Miccosukee Tribe of Florida and the independent Seminole Tribe of Florida (P.L. 101-277).
  - Payments made under the Confederated Tribes of the Colville Reservation Grand Coulee Dam Settlement Act (P.L. 103-436).
- l. Resources of SSI recipients. The agency does not need to make a separate evaluation for resources for food stamps for a household in which all members are SSI recipients. The agency must evaluate the resources of household members who do not receive SSI.
- Resources of TANF recipients. The agency does not need to make a separate evaluation for resources for food stamps for a household in which all members receive TANF income or any member receives a TANF-funded service. See PA Case in Definitions for the TANF Program requirements.
- m. Amounts paid to individuals under the Radiation Exposure Compensation Act for injuries or death resulting from exposure to radiation from nuclear testing and uranium mining in Arizona, Nevada and Utah (P.L. 101-426).
- n. Payments to individuals because of their status as victims of Nazi persecution (P.L. 103-286).



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- o. Payments through the Department of Veteran Affairs to children of Vietnam veterans who are born with spina bifida (P.L. 104-204).
  - 14. HUD retroactive tax and utility cost subsidy payments issued pursuant to the settlement of Underwood v. Harris, for the month in which payment was received and the following month.
  - 15. Resources under a lien.
  - 16. Money in individual development accounts (IDA). These exempt funds may be in the form of a trust, trust account or a custodial account. The owner of the account must be a current or former TANF recipient or one who is ineligible for TANF as long as the person's income is less than 200 percent of the federal poverty guidelines. Funds in the account are exempt as long as they are not withdrawn. The account will remain exempt if the household withdraws the funds and uses the money to pursue post-secondary education, to purchase a house, to start a business or to meet an emergency need approved by the sponsoring agency. In Virginia, the accounts are called the Virginia Individual Development Account (VIDA) and Assets for Independence Account (AFIA).
  - 17. Money in an escrow account established by the Family Self-Sufficiency Program through the U.S. Department of Housing and Urban Development.
- E. HANDLING OF EXEMPT FUNDS (7 CFR 273.8(f))
- 1. Exempt funds kept in a separate and identifiable account from nonexempt funds remain exempt as a resource for an unlimited time.
  - 2. Exempt funds kept in an account along with other nonexempt funds remain exempt for six months from the date the funds are commingled. After six months from the date the funds are commingled, all funds in the commingled account shall be counted as a resource.

Example

A two-person household has a savings account with a balance of \$900. The household receives a payment of \$1,200 from the Individual and Family Grant Program (IFG) in January. If the household places the IFG funds in a separate and identifiable account, the IFG funds will remain exempt indefinitely. If the household deposits these funds in the savings account containing \$900, however, the IFG funds will remain exempt for only six



months from the date they are commingled with the nonexempt funds. Therefore, if the funds are commingled in January, the total amount in the account as of July will count towards the resource level.

3. Funds exempted under [Part IX.D.11](#) will retain the exemption as a resource for the full period over which they have been prorated as income, even if commingled with nonexempt funds.

Example

A self-employed farmer receives a \$1,000 payment that is prorated as income over 10 months. This money is deposited in the household's regular checking account with other nonexempt funds. Any portion of the payment that remains in the checking account will be exempt as a resource for the full 10-month period over which the income is prorated. After the 10-month period, any part of the payment remaining in the account with the nonexempt funds will count as a resource.

4. Where a resource is exempt because of its use by or for a household member, the exemption will also apply when the resource is used by or for a disqualified person whose resources count as part of the household's resources. This could include the work-related equipment essential to the employment of an ineligible alien household member or disqualified person, as allowed under [Part IX.D.4](#), or burial plots for ineligible alien or disqualified household members, as allowed under [Part IX.D.5](#).

**F. TRANSFER OF RESOURCES (7 CFR 273.8(i))**

At the time of application, households must provide information about any resources transferred during the three-month period immediately preceding the date of application. The EW must assess any resource transfer by a household member or disqualified person whose resources count to the household. If resources have knowingly been transferred during this period in order to qualify or attempt to qualify for food stamp benefits, the household will be disqualified from participation in the program for up to one year from the date of discovery of the transfer.

Example

A client transferred resources on November 20 to be eligible for food stamps. The household filed an application the following February 21. Since the transfer occurred more than three months before the application date, there would be no disqualification because of the transfer.



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Disqualification will also apply if the household acquires resources after being certified and then knowingly transfers the resources to avoid going over the maximum resource limit.

The following transfers will not affect eligibility:

1. Resources that would not affect eligibility; e.g., exempt personal property such as furniture, or nonexempt funds, such as money that, when added to other household nonexempt resources, totals less at the time of transfer than the resource limit.
2. Resources transferred between members of the same food stamp household, including ineligible aliens and disqualified persons whose resources count to the household.
3. Resources transferred for reasons other than qualifying for Food Stamp benefits. For example, a parent placing funds into an educational trust fund.

If the local agency establishes that an applicant household knowingly transferred resources to qualify for or to attempt to qualify for food stamp benefits, the EW must send the household the Notice of Action to deny the application. The notice must explain the reason for denial and the length of the disqualification. The disqualification period will begin in the month of application. If the household is participating at the time the transfer is discovered, the EW must send an Advance Notice of Proposed Action or Notice of Action to explain the reason for closure and length of disqualification. The disqualification period will be effective with the first allotment to be issued after the advance notice period has expired, unless the household has requested a fair hearing and continued benefits.

If the agency learns that the person who transferred the resources that resulted in disqualification left the household, eligibility for remaining household members can be determined without regard to the rest of the disqualification period. The disqualification period will follow the member who improperly transferred the resources however.

Example

A nine-month disqualification is imposed on January 3 for the period January through September. The household reapplies June 12, and the member who transferred a bank account is no longer a household member. Eligibility for the rest of the household can be evaluated from the date of the reapplication on June 12.

The length of the disqualification is based on the amount by which nonexempt transferred resources, when added to other nonexempt resources, exceed the allowable resource limit.



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Example

A household has **\$3,400** in a savings account. In an attempt to become eligible for food stamps, the household transferred **\$1,500 from the bank account to someone outside the food stamp household.** The resource limit for this household is \$2,000; therefore, the amount of the transferred resource used in determining the length of the disqualification period will be **\$1,400.00.**

The following chart will be used to determine the disqualification period:

Amount in Excess of the Resource Limit	Period of Disqualification
\$.01 to \$249.99	1 month
\$250 to \$999.99	3 months
\$1000 to \$2999.99	6 months
\$3000 to \$4999.99	9 months
\$5000 or over	12 months



PART X INCOME DEDUCTIONS

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A. INCOME DEDUCTIONS (7 CFR 273.9(d))

Financial eligibility of a household is based on gross or net income as described in [Part XI.A](#). Benefit level is based on net income which is defined as the total of all countable income, both earned and unearned, after the appropriate allowable deductions have been made.

In evaluating expenses toward the calculation of the net income, the household is given credit only for expenses for which a money payment is made or due to someone outside the household. Except for Virginia Energy Assistance Program (fuel assistance) payments, deductions will not be allowed for expenses or the portion of expenses made through vendor payments or for which the household will be reimbursed. Participants of the Low-Income Home Energy Assistance Program (the Virginia Energy Assistance Program) are entitled to have actual utility expenses considered or to have the utility standard applied even if the expenses are covered by fuel assistance vendor payments but utility expenses reimbursed or paid through HUD or FmHA utility reimbursements are not deductible.

All households with income will be allowed the following deductions, if appropriate, in determining net income.

1. Standard Deduction (7 CFR 273.9(d)(1))

Each household is entitled to a standard deduction from the total gross income of the household. The amount of the deduction is dependent on the number of eligible household members. For the purpose of determining the standard deduction, household size will not include disqualified or ineligible members.

Household Size	Standard Deduction
1-4 members	\$134
5 members	<b>\$157</b>
6 or more members	<b>\$179</b>

2. Earned Income Deduction (7 CFR 273.9(d)(2))

Each household with countable earned income may have an earned income deduction. Twenty (20) percent of the countable gross earnings will be deducted.

The earned income deduction is not allowed on any portion of the earned income amount received through a work supplementation or support program that is attributable to public assistance benefits. The deduction is also not allowed when determining the amount overissued if the basis for the claim is because of the household's failure to report earned income timely.



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3. Dependent Care Expense (7 CFR 273.9(d)(4))

This deductible expense is allowed only if necessary for a household member to accept or continue employment, seek employment, comply with employment and training requirements, or attend training or pursue education that is preparatory for employment. The expense may be incurred for the care of a child or other dependent.

The maximum dependent care deduction is \$200 per month for each child under two years of age and \$175 per month for each other dependent. The total dependent care expense for each dependent should be listed on the worksheet for evaluation but the amount used in the calculation will be limited to the maximum allowed.

Requirements for verification of dependent care expenses are in [Parts III.A and E](#). Forms of acceptable verification include a signed statement from the provider, receipts signed by the provider, or statements from agencies or organizations assisting with child care expenses.

4. Shelter Expense (7 CFR 273.9(d)(5))

The cost of shelter will be considered after all other deductions have been determined. The allowable deduction for shelter may not exceed **\$400**. That portion of the monthly shelter costs that exceeds 50 percent of the household's adjusted net income will be a deduction but, not to exceed **\$400** per month. The adjusted net income is determined by subtracting the standard deduction, earned income deduction, dependent care deduction, child support deduction, homeless shelter standard and medical deduction from the total gross income.

Households that contain a member who is 60 years of age or older, or who is disabled, as defined in Definitions, may receive an excess shelter deduction that exceeds the shelter maximum allowed for other households. These households will receive the actual amount that exceeds half the net income.

The agency must add together all expenses that are part of the cost of shelter, except food, to arrive at a total shelter cost figure. In determining the amount to use as the cost of shelter, the following expenses will count unless vendor payments ([Part XI.F.3.](#)) with the exception noted below in item e. cover the expenses. Note the special provisions in section 7 for assessing shelter costs for homeless households.



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- a. Rent, or mortgage or loan payments or other continuing charges leading to ownership of a home, mobile home, or other type of shelter are allowable. This includes second and/or third mortgages and condominium or association fees. It includes the initial cost of moving a mobile home from a dealer to a lot, along with any set-up charges at the lot. For a subsequent move of a mobile home, only the set-up costs at the new lot are allowable. Costs incurred by a tenant in lieu of full or partial rent are allowable rental costs, provided the arrangement is with the mutual agreement of the landlord.
- b. Real estate taxes or personal property taxes on mobile homes are allowable. Taxes on the contents are not allowable.
- c. Insurance premiums on the home structure are allowable. Separate costs for insuring furniture or personal belongings, are not allowable. If insurance premiums on the home structure are combined with other costs that cannot be separated, the total premium is allowable.
- d. Repair costs that result from a fire or flood or a similar disaster are allowable provided the household will not receive reimbursement or assistance from some other source such as insurance, or private or public relief agencies. The disaster does not have to be a presidential declaration but can be personal, such as a fire damaging only one home.
- e. Utilities incurred separately and apart from the rent or mortgage cost are allowable. Actual direct utility costs may be used in determining shelter costs, even if the Virginia Energy Assistance Program covers the costs by a vendor payment.

In some situations the household may be entitled to use the utility standard as its utility expense, rather than its actual utility expenses.

A standard utility allowance has been established based on the number of persons in the residence. The standard includes an allowance for heat, electricity, gas, water, sewerage, septic tank maintenance fees, garbage collection and telephone. A household may use the standard utility allowance only if the household is responsible for a heating or cooling expense, or it receives Low Income Home Energy Assistance Program benefits.

Number of Persons	Utility Standard
1 - 3	<b>\$227</b>
4 or more	<b>\$282</b>



Multiple family units living in the same residence may have only one standard utility allowance for the residence, based on the total number of people in the residence. The agency must divide the one utility standard among the units that contribute to meeting heating or cooling costs, whether or not each unit participates in the Food Stamp Program. In these instances, each unit may use only its prorated share of the standard allowance, unless it uses its actual costs. The agency may not prorate the standard allowance if the nonhousehold members are all excluded from the household because they are ineligible to participate in the Food Stamp Program.

Example

A three-person food stamp unit lives in a house with another person. The food stamp unit and the other person each pay half of the heating costs. The food stamp unit's standard utility allowance is **\$141**, i.e. **\$282** (based on total number of persons in the home being 4 or more) divided by 2 (the number of units contributing to heating costs). The food stamp unit may opt to use **\$141** as its utility costs, or may use its actual utility expenses.

Only those households that receive Low Income Home Energy Assistance payments or that are responsible for an identifiable heating or cooling expense or an established percentage of an identifiable expense have the option of the utility standard. A cooling cost is a verifiable utility expense relating to the operation of air conditioning systems or room air conditioners. A heating cost is a verifiable utility expense for a primary fuel source.

Examples

- 1) The food stamp client pays for electricity that the household needs to operate the oil furnace. Other persons in the home buy oil. The food stamp client is not entitled to the standard since he has no expense for the primary fuel source. The actual electric bill is allowable since this is a direct utility expense.
- 2) A food stamp client cuts his own wood. This wood is free, but he incurs expenses of gas and oil for his chain saw. The household may not use the standard since the household does not incur an expense for the primary fuel source. The actual incidental expenses connected with obtaining the wood are not allowable since these are not direct utility expenses.



If a household incurs a utility expense such as electricity or gas that includes heating or cooling along with other uses, e.g., cooking or lights, the utility standard may still be used. If the household does not incur a separate expense for heating or cooling, it is not entitled to the utility standard unless it receives Low Income Home Energy Assistance payments. Actual costs of utilities incurred by households not entitled to the utility standard are allowable expenses.

Households that have their utilities included in their rent, but who may, on occasion, have to pay an excess utility charge are not be allowed the use of the utility standard unless they receive Low Income Home Energy Assistance Payments. Households that receive HUD or FmHA payments may use the utility standard if they are responsible for utility costs beyond the HUD or FmHA payment. Households that pay a flat amount, not a percentage, for utilities to the homeowner instead of the utility vendor may not use the utility allowance. Actual or anticipated amounts for these utility charges are allowable.

If a household incurs a heating or cooling expense at any point during the year, or if such an expense is anticipated, or the household received a Low Income Home Energy Assistance payment during the period of time covered by the utility standard, or such a payment is anticipated, the utility standard may be used by the household for the full year.

#### Examples

- 1) A household buys oil twice a year in November and February to heat the home. This household is entitled to use the utility standard for the full twelve months of the year.
- 2) A household lives in an apartment where heat is included in the rent. The household, however, uses an air conditioner in the summer and is responsible for the electric bill for the apartment. Since a cooling expense is incurred, the household is entitled to use the utility standard for the full twelve months of the year.

Each household must receive a thorough explanation of the options available in considering utility expenses. The household may switch between use of the standard and actual costs only at the time of certification. If the household moves while certified, the household may switch from one to the other. If the household initially chose to use actual utility costs but the utility standard was allowed because



the household failed to verify the costs timely, the use of actual costs upon receipt of verification will not be allowed until recertification.

- f. The utility standard includes the basic service fee for a telephone so a household that uses the utility standard may not also claim a separate telephone expense. For a household that uses actual utility expenses and who incurs an expense for a basic telephone service, or an established percentage of such an expense, the household must use a telephone standard of **\$41**, or the appropriate percentage of the standard.

The agency must divide the telephone standard among households sharing the expense. A telephone expense is allowable even if the household is not entitled to any other utility allowance.

Example

Two food stamp units live together and each pays half of the telephone bill. The bill includes charges for basic service. Each household will receive half the telephone standard as its telephone expense.

- g. Initial installation fees charged by a telephone, utility, or septic tank company are allowed as an expense, over and above the cost of the actual utility. Initial installation fees are allowable even if the utility or phone standards are used. The household may choose to have the installation bill averaged over the months in the certification period or to have the bill assigned to the month received or due. If a payment or budget plan has been established, the expense may be allowed for each month in the payment plan.
- h. One-time deposits for utilities, telephones, apartments, etc., will not count as shelter costs.
- i. Shelter expenses, as described above, include the costs for a home (owned or rented) that is temporarily unoccupied provided the household intends to return to the home. The home may be unoccupied because of employment, training, illness, or a natural disaster or loss. If the household has shelter expenses for both an occupied and unoccupied home, the household is entitled to only one utility or telephone standard.

The cost of shelter cannot be claimed if the vacated home is rented to someone else or if a rent-free occupant is claiming the cost of shelter for the home in question for food stamp purposes.



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- j. Verification requirements for shelter expenses are covered in [Parts III.A and E](#). Receipts or statements from the provider are sources of acceptable verification. For homes that are temporarily unoccupied, the local agency is not required to assist in obtaining verification of expenses if the verification would have to be obtained from a source outside the locality.

5. Medical Expenses (7 CFR 273.9(d)(3))

The total cost of medical expenses incurred by elderly or disabled household members, excluding special diets, will be allowed as a deduction for those households when the cost exceeds \$35 a month. If the cost is \$35 or less, no deduction will be allowed.

This \$35-limit applies to the entire household and is not applied individually to the expenses of members who may be entitled to a deduction. For example: a household that consists of two members, both over 60 years of age incurs medical expenses of \$20 a month for each person. The total monthly medical expense for this household is \$40. Subtract the \$35 limit from the total expenses of \$40. The household would receive a monthly medical deduction of \$5.

Persons who are 60 years of age or over or who are disabled as described in Definitions may be eligible for this deduction. An individual must be elderly or disabled when the medical expense is incurred.

Spouses or other persons receiving benefits as a dependent of the eligible individual are not entitled to this deduction.

a. Allowable expenses include:

- 1) Medical and dental care including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by State law or other qualified health professional.
- 2) Hospitalization or outpatient treatment, nursing care, and nursing home care. Costs for persons who were household members immediately prior to entering a State recognized facility (nursing home or hospital), will also be allowed.
- 3) Prescriptive drugs, when prescribed by a licensed practitioner, and other over-the-counter medication (including insulin, aspirin, antacids, etc.) which is approved by a licensed practitioner. Cost of medical supplies, sick room equipment (including rental) or other prescribed equipment.



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- 4) Health and hospitalization insurance policy premiums. Costs of health and accident policies such as those payable in lump sum settlements for death or dismemberment are not allowed. Costs of income maintenance policies such as those that continue mortgage or loan payments while the beneficiary is disabled are also not deductible.
- 5) Medicare premiums related to coverage under Title XVIII of the Social Security Act and any cost-sharing or spend-down expenses incurred by Medicaid recipients.
- 6) Costs of dentures, hearing aids, and prosthetics.
- 7) Costs of securing and maintaining a Seeing Eye or hearing dog or other attendant animal as well as veterinarian bills and food for the animal.
- 8) Costs of eyeglasses prescribed by a physician skilled in eye disease or by an optometrist.
- 9) Reasonable costs of transportation and lodging to obtain medical treatment or services. Actual verified amounts may be used. If specific amounts cannot be verified, then the prevailing rate in the community or the state mileage allowance must be used.
- 10) Costs of maintaining an attendant, homemaker, home health aid, or child care services or housekeeper, necessary due to age, infirmity, or illness. In addition, an amount equal to the one-person benefit allotment must be deducted if the household furnishes more than half of the attendant's meals. The benefit allotment that is in effect at the time of initial certification will be used and the local agency is only required to update the allotment amount at the next recertification, if there has been an adjustment in coupon allotments.

If a household incurs attendant care costs, as defined above, that qualify as both a medical deduction and dependent care deduction, the local agency must treat the cost as a medical expense.

- 11) Telephone fees for amplifiers and warning signals for disabled persons and costs of typewriter equipment for the hearing impaired. (These costs may not be entered as shelter costs.)



- 12) **For Medicare beneficiaries who have a Medicare-Approved Drug Discount Card, allow each beneficiary a medical deduction of \$73 per month for prescriptions in addition to other medical expenses. Use this deduction for food stamp benefit calculations through December 2005 if the household member obtains the card in 2005. Use the deduction for 24 months if the household member obtains the card in 2004, but no later than November 2006. In addition to the prescription allowance of \$73, allow any out-of-pocket costs incurred for prescriptions, using the costs before any applied discounts if they are known.**

The above expenses are also allowable when incurred by a household member who is now deceased and which now are the responsibility of the remaining household members.

b. Disallowed Expenses:

Only those costs listed above will be considered as a medical expense. Any portion of the cost that is reimbursable by insurance policies or covered by Medicaid will not be given as a deduction until the household verifies the portion of the cost that is its responsibility.

Example

A household consists of one member who is 64 years old. This 64 year old incurs allowable medical expenses of \$200 a month. Insurance policies reimburse the household \$100 a month for the expenses. Disallowing the first \$35 a month, the monthly medical deduction for this household is \$65.

6. Child Support Deduction

Child support payments paid by a household member to an individual or agency outside the household are deductible. Payments to a third party on behalf of a child, including payments to obtain health insurance for the child, in accordance with the support order, will also be included in the deduction. A deduction for amounts paid toward arrearages will be allowed.

The legal obligation to pay child support, the amount of support obligated, and the amount of support actually paid must be verified before the deduction is allowed.

Alimony or spousal support payments made to or for a nonhousehold member shall not be included in the child support deduction.



7. Homeless Shelter Allowance

Households in which all members are homeless, as defined in Definitions, are allowed a deduction for incurred or estimated shelter expenses. The homeless shelter standard is \$143 per month. This standard is not calculated as part of the shelter expense deduction described in section 4 of this chapter.

To be eligible for the homeless shelter allowance, a household must incur or reasonably expect to incur shelter costs during a month. Homeless households that incur no shelter costs during the month and anticipate none are not be eligible for the shelter allowance.

If a household has difficulty in obtaining traditional types of verification of shelter costs, the EW must use prudent judgement in determining if verification is adequate.

Example

A homeless individual claims to have incurred shelter costs for several nights at a hotel. The costs reported are reasonable. The EW may accept this information as adequate and allow the household to use the shelter estimate.

No other shelter costs, including the utility standard or telephone standard, may be used if the homeless shelter allowance is used. The homeless shelter allowance also may not be used if the household claims shelter costs that exceed the allowance. Higher or other shelter costs must be handled as a part of the shelter expense deduction ([Part X.A.4](#)) in which case, the household may or may not receive an actual deduction.



B. VERIFICATION OF DEDUCTIONS (7 CFR 273.2(f)(3))

If a deductible expense must be verified and obtaining the verification may delay the household's certification, the local agency must advise the household that the household's eligibility and benefit level may be determined without providing a deduction for the claimed but unverified expense. If the expense cannot be verified within 30 days of the date of application, the local agency must determine the household's eligibility and benefit level without providing a deduction for the unverified expense. If a household wants to claim actual utility costs but does not provide verification by the 30th day, the utility standard must be allowed if the household is entitled to it. The household is not entitled to restoration of lost benefits when expenses are not deducted because verification could not be obtained. If, however, the expense could not be verified within the thirty day processing standard because the local agency failed to allow the household at least 10 days to provide the verification, lost benefits must be restored.

If a household would be ineligible without a deductible expense, on the 30th day from the date that the initial application or reapplication was filed, the worker must send the household the Notice of Action to extend the pending status of the case. If the lack of verification is the fault of the household, the household will have an additional 30 days to take the required action. If eligible, the household is entitled to benefits only from the day the household provides the last verification or takes the last required action. (See [Part II.G.2.](#)). If the lack of verification is the fault of the agency, and the household is eligible, the household is entitled to benefits retroactive to the month of application. (See [Part II.G.3.](#)). If a recertification application is filed, verification time frames at recertification ([Part IV.C.4.](#)) shall apply and the ability to extend the pending status of the application is not allowed.



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PART XI

INCOME

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## A. INCOME ELIGIBILITY STANDARDS (7 CFR 273.9(a))

To be eligible for Food Stamp benefits, the countable gross monthly income of households shall not exceed the monthly income limits shown below in Chart #1. The gross income limits of Chart #1 do not apply to households with a member who is 60 years of age or over (including a member whose 60th birthday is in the month of application), or to households with a member who is disabled, as defined in [Definitions](#).

For the self-employed, the EW must first exclude the cost of doing business. For the student receiving educational benefits, the EW must first exclude allowable educational expenses as described in Part [XII.G](#).

All households, except those that are categorically eligible, must be determined eligible based only on net income (gross income less allowable deductions listed in [Part X.A](#)). The maximum net income limits are shown in Chart #2.

INCOME ELIGIBILITY LIMITS		
Household Size	CHART #1	CHART #2
	Gross Income Maximum	Net Income Maximum
1	\$ 1,037	\$ 798
2	1,390	1,070
3	1,744	1,341
4	2,097	1,613
5	2,450	1,885
6	2,803	2,156
7	3,156	2,428
8	3,509	2,700
Each additional member	+354	+272

Net income is the basis for the allotment for all households. While categorically eligible households, as defined in [Part II.H.3](#), do not have to meet either the gross or net income eligibility standards, the net income limits are used to determine entitlement to an allotment even for these households.

## B. COUNTABLE INCOME

Countable income is all household income, earned and unearned, from whatever source, excluding only that income specified in [Part XI.F](#).

Income received by one person for another person or for multiple beneficiaries is considered the income of the person receiving it, unless the provisions of [Part XI.G](#) (earned income of several members combined into one payment) are applicable. Evaluate any income exclusions, such as third party fund exclusion, according to [Part XI.F](#).



When verification of income is required, the local agency must verify gross amounts, and the rate and frequency (i.e., weekly, semi-monthly, etc.) of the income the employee receives. For income received more often than monthly, verify the payment cycle, i.e., the day the employee receives the income.

C. EARNED INCOME (7 CFR 273.9(b)(1))

Earned income includes:

1. Wages and Salaries

All wages and salaries for services performed as an employee. This includes wages held by an employer at the employee's request and advances on wages as discussed in [Part XII.G](#). Gross wages are considered, regardless of the amount and nature of the deductions, unless any portion of the gross pay is considered excludable under [Part XI.F](#) or unless the gross amount reflects credit for employee benefits. In situations where benefits are reflected as credits and where the employee cannot elect to receive a cash payment, the amounts shown on the pay stub will not count as income. If an employee elects to have money withheld from the earnings to pay for employee benefits, that money must be counted as income.

If the employer still considers the individual as an employee, consider vacation pay and sick pay as earned income. Additionally, for sick pay, the employer must make the payment directly in order to consider the money as earned income; otherwise, it is unearned income.

If the individual has terminated employment, accumulated vacation pay and sick pay are considered earned income if received in more than one installment, and a lump sum resource if received in one installment. Laid-off employees are terminated employees for the purposes of this policy. If a laid-off employee opts not to withdraw vacation and/or sick pay, the value of such funds counts as an available resource.

Consider bonus pay as earned income.

Consider severance pay as unearned income.

2. Self-Employment Income

The gross income from a self-employment enterprise including the total gain from the sale of any capital goods or equipment related to the business, excluding the cost of doing business. (See [Part XII.A.](#))



Ownership of rental property is a self-employment enterprise; however, income derived from the rental property counts as earned income only if a household member actively manages the property for a minimum of 20 hours a week.

Payments from roomers and boarders counts as earned self-employment income.

3. Training Allowances and Work Investment Act

Training allowances from vocational and rehabilitative programs recognized by federal, State or local governments when they do not constitute a reimbursement. (See [Part XI.F.](#)) This includes, but is not limited, to vocational rehabilitation incentive payments.

Income received by individuals who are participating in on-the-job training programs funded through the Work Investment Act will be considered earned income. This provision includes on-the-job training programs funded under the National and Community Services Act, Americorps, the Summer Youth Employment and Training Program, and the Youthbuild Program. This provision, however, does not apply to household members under 19 years of age that are under the parental control of another household member, regardless of school attendance and/or enrollment as discussed in [Part XI.F.8.](#) See also [Part XI.F.11.d.](#)

4. Payments under Title I of the Domestic Volunteer Service Act of 1973

Payments under Title I (VISTA, University Year for Action, etc.) of the Domestic Volunteer Service Act of 1973 count as earned income unless they are excluded from consideration. See [Part XI.F.11.c.](#)

5. Payments to Day Care Providers

Payments to day care providers for meals served to children, other than their own, funded by the School Lunch Act will count as earned income to the provider. These payments do not count as reimbursement. See [Part XII.A.7](#) for allowable business costs.

6. Jury Duty Pay (PIRS 88-10)

Jury duty pay is countable earned income unless it meets the infrequent/irregular income or reimbursement policy of [Part XI.F.4](#) or [F.6.](#)

Use the following documents or records, generally available from the applicant, to verify the earned income of the household:



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Pay stubs	Pay envelopes
Employee's W-2 Form	Wage tax receipts
State or federal income tax return	Self-employment bookkeeping records
Sales and expenditure records	

Verification from other sources might include:

Employer's wage records	VEC Office
Statement from the employer	State Income Tax Bureau

D. SPECIAL INCOME OF MILITARY PERSONNEL (FNS Policy Memos 81-1, 81-5, and 81-13 and Admin Notice A-24-91)

Many members of the military receive special allowances that count in determining the eligibility and benefit amount of households containing such persons. Military personnel may receive the following allowances:

1. Basic Allowance for Housing (BAH)
2. Basic Allowance for Subsistence (BAS)
3. Clothing Maintenance Allowance (CMA)

These allowances will appear on the leave and earnings statement of military personnel. Evaluate the allowance as follows:

- a. BAH. This allowance provides uniformed service members with compensation for housing based on comparable civilian costs of housing. The BAH is based on civilian rental costs by pay grade, dependency status, and location. The household will receive one monthly payment. The housing allowance replaces the Basic Allowance for Quarters (BAQ) and the Variable Housing Allowance (VHA).

The BAH is considered as earned income for Food Stamp purposes. The household is also entitled to a shelter deduction. In some instances a person will receive a BAH and then have all or some of this amount deducted on the leave and earnings statement, because he or she lives on the base. Use the amount listed to compute the shelter deduction.

- b. BAS. With some exceptions, each member of a uniformed service who is entitled to basic pay is entitled to a BAS. An enlisted man is entitled to BAS, on a daily basis, when rations in kind are not available, when permission to eat separately has been granted, and when assigned to duty under emergency conditions where no eating facilities of the United States are available. An officer of a uniformed service who is entitled to basic pay is at all times entitled to BAS.



The BAS is paid in cash, on a daily basis, or by check, three months in advance, and is not considered a part of the wages. The BAS will appear on the leave and earnings statement monthly. The BAS is considered as earned income for Food Stamp Program purposes.

- c. CMA. Generally, enlisted personnel receive uniforms upon acceptance into the armed services and regular allowances to replace worn out uniforms. Officers receive both an initial allowance and additional allowances depending on years in service. The CMA is paid in the personnel's regular check but is shown separately on the leave and earnings statement.

For Food Stamp Program purposes, the CMA is excluded as a reimbursement for the job-related expense of uniforms under [Part XI.F.6](#).

**Any amount received by or made available to household members for deployment or service in a combat zone will not count as income for Food Stamp Program purposes unless the payment was received before the deployment. This exclusion includes items such as, but not limited to, incentive pay for hazardous duty, special pay for imminent duty or hostile fire duty or certain reenlistment bonuses, or special pay for certain occupational or educational skills.**

E. UNEARNED INCOME (7 CFR 273.9(b)(2))

Unearned income includes:

1. Assistance Payments

Assistance payments from federal, federally aided, or State-local public assistance programs, based on need. Examples are:

- a. Temporary Assistance to Needy Families (TANF)  
This includes payments made under the TANF block grant to supplement recipients for child support received by the Division of Child Support Enforcement on the household's behalf.
- b. General Relief (GR)
- c. Supplemental Security Income (SSI)

Income from these assistance programs will count as unearned income even if provided in the form of a vendor payment, unless the provisions of [Part XI.F.3](#) apply that prohibit considering certain vendor payments as countable income.



Assistance payments from programs that require the actual performance of work without compensation, other than the assistance payments themselves, count as unearned income.

2. Annuities and Pensions

Annuities and pensions, such as:

- a. Retirement benefits
- b. Veteran's benefits
- c. Disability benefits
- d. Old age, survivors, and Social Security benefits (OASDI)

3. Workmen's or Unemployment Compensation

4. Strike Benefits

5. Foster Care Payments

Foster care payments made to a household on behalf of a legally assigned foster child. Note: Foster care payments will be considered the income of the foster family if the household elects to count the foster child as a household member for food stamp purposes. Therefore, if the foster person is excluded from the household under the provisions of [Part VI.A.3.](#), the payment is not considered income to the rest of the household.

6. Certain Rental Property Income

Income derived from rental property in which a household member is not actively engaged in the management of the property at least an average of 20 hours a week. Except for the fact that the earned income deduction ([Part XIII.A.2](#)) does not apply, treat this income the same as a self-employment enterprise. (See [Part XII.A.](#))

7. Support and Alimony Payments

Support and alimony payments made directly to the household from a nonhousehold member. This includes payments redirected to the household from the Division of Child Support Enforcement (DCSE). Payments received by or for TANF recipients that the household should send to the Division of Child Support as a condition of TANF eligibility will not count even if the household fails to redirect the payments. Payments received through the TANF Program to supplement recipients for support payments received on their behalf will count as TANF income instead of support payments. See [Part XI.E.1.a.](#)



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8. Dividends, Royalties and Interest

Payments received in the form of dividends or royalties are countable. **Interest payments will count as income if the amount averages more than \$10.00 per month.**

9. Money Withdrawn from Trust Funds or Improper IDA Withdrawals

Money withdrawn or dividends that are or that the household could receive from trust funds do not count as a resource under [Part IX.E.12](#). Trust withdrawals will count as income in the month received unless they are otherwise exempt. Dividends that the household has the option of either receiving as income or reinvesting in the trust will count as income in the month they become available to the household unless otherwise exempt.

**Withdrawals from an individual development account (IDA) will not count as income if the withdrawal is for pursuing post-secondary education, purchasing a home, starting a business or as an approved household emergency. All other withdrawals from the IDA will count as unearned income in the month of the withdrawal.**

10. Income Available to Sponsored Aliens (7 CFR 273.9(b)(4); 7 CFR 273.11(h)(2)(iv))

For households that contain sponsored aliens (as defined in [Part XII.C.](#)), unearned income will also include that amount of the monthly income of an alien's sponsor and the sponsor's spouse (if living with the sponsor) deemed to be that of the alien according to the procedures in [Part XII.C.3.](#) and 5. Income deeming applies unless the sponsored alien is otherwise exempt from this provision as allowed in [Part XII.C.1.](#)

Actual money paid to the alien by the sponsor or the sponsor's spouse does not count as income to the alien unless the amount paid exceeds the amount attributed to the sponsor. See [Part XII.C.4.](#) The amount paid that exceeds the amount attributed will count as income to the alien in addition to the amount attributed to the alien.

11. Funds Deposited into Joint Accounts

Funds deposited into a joint bank account by a nonhousehold member, when a household member's name is also on the account count as income to the household, to the extent the deposited funds are intended for household use.

The EW must be sure to use this policy only when deposited funds are intended for household use. For example, a husband in the military



overseas has his allotment deposited directly into a joint account with his wife who receives food stamps and the money is intended for his wife's use.

In situations where a food stamp household member's name is on a joint account with a nonhousehold member and the funds deposited by the nonhousehold member are clearly not intended for the household member's use, no income to the household will be counted. The account balance will be evaluated as a resource to the household according to policy described in [Part IX.C.1](#).

The EW must verify the household member's statement concerning the amount of money available as income. If all the money deposited into the joint account is intended for the household's use, then verification of the amount deposited would suffice. When this is not the case however, it will be necessary to verify the amount through the nonhousehold member.

When a nonhousehold member's savings are used by the household to repay a loan for the nonhousehold member it would not be considered as income to the household. This policy will also apply to repayment of car loans in which the nonhousehold member is the sole owner.

If the statements of the household and nonhousehold member differ regarding the amount of money intended for the household's use, the EW must resolve the discrepancy and document the case record.

**12. Severance Pay**

Severance pay, an allowance usually based on length of service which is payable to an employee upon termination of employment, will count as unearned income. The EW must take care to distinguish severance pay from the last regular paycheck(s) a person may be entitled to receive. Any regular paychecks count as earned income.

**13. Other Money Payments**

All other direct money payments from any source which can be construed to be a gain or benefit to the food stamp household, other than monetary gifts for an identifiable one time occasion or normal annual occasion.

In verifying unearned income of the household, the following documents or records are generally available through the applicant:

RSDI award letter (note that changes in benefits will not always be reflected)	Benefit payment check
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Unemployment Compensation award letter	Pension award notice
Veterans Administration award notice	Correspondence on benefits
Income tax records	Railroad Retirement award letter
Support and alimony payments evidenced by court order, divorce or separation papers, contribution check	

Verification from other sources might include:

Social Security (Form SSA-1610)	Social Security District Office files
VEC - Unemployment Compensation Section	Employer's record
Union records	Workers Compensation records
Veterans Administration	Insurance company records
Tax records	Railroad Retirement Board records
PA case file	

F. EXCLUDED INCOME (7 CFR 273.9(b)(5); 273.9(c))

The following income will not count in determining eligibility or benefit level:

1. Repayment of a Prior Overpayment

Repayment of a prior overpayment provided that the income was not excludable elsewhere in this chapter at the time of the overpayment. This includes:

- a. Money withheld from an assistance payment, from earned income, or from any other income source to repay a prior overpayment received from that income source.
- b. Money received from any income sources that the household voluntarily or involuntarily returns to repay a prior overpayment received from that income source.

Example

A TANF recipient is entitled to a grant of \$225.00 but the amount of the actual payment is \$175.00. The agency withheld \$50.00 to repay a prior overpayment. The overpayment was not the result of the household's failure to comply with the TANF program requirements. The net amount received by



the TANF recipient is the amount that will count as income for food stamp purposes.

However, money withheld from assistance from another program that results from the household's failure to comply with the requirements of the other program will count as income, as specified in [Part XII.D](#).

2. Payments Received by the Division of Child Support Enforcement (DCSE)

Payments received and kept by the DCSE on behalf of TANF recipients will not count as income. Payments redirected to households by the DCSE **or supplemented through the TANF Program will count as** income. Payments received by TANF recipients that the recipient must direct to Division of Child Support, as a condition of TANF eligibility, will not count as income even if the household keeps the payments.

3. In-Kind Benefits and Vendor Payments

In-kind benefits and vendor payments are any gains or benefits that are not in the form of money payable directly to the household.

a. In-Kind Benefits

In-kind benefits are benefits for which no monetary payment occurs on behalf of the household. These benefits include meals, clothing, housing or produce from a garden.

b. Vendor Payments

A vendor payment is a money payment made on behalf of a household by a person or organization outside of the household to a service provider or creditor of the household. Vendor payments made to a third party on behalf of the household are included or excluded as income as described below:

1. PA vendor payments, excluding GR vendor payments

Vendor payments from PA programs, other than GR, are excluded as income if they are made for:

- a. Medical assistance
- b. Child care assistance
- c. Energy assistance
- d. Emergency assistance



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- e. Special and emergency assistance, not specifically excluded by other provisions of this section, made over and above the normal grant.
- f. Emergency TANF vendor payments on behalf of a migrant or seasonal farm worker household while the household is in the job stream.

2. GR Vendor Payments

Except for some vendor payments for housing, GR vendor payments do not count as income. A housing vendor payment will count as income unless the payment is for:

- a. Utility costs
- b. Energy assistance
- c. Housing assistance from a state or local housing authority
- d. Special and emergency assistance, not specifically excluded by other provisions of this section, made over and above the normal grant.
- e. Emergency GR vendor payments on behalf of a migrant or seasonal farm worker household while the household is in the job stream.

3. HUD Vendor Payments

Rent or mortgage payments made by the Department of Housing and Urban Development (HUD) to landlords or mortgagees are excluded. This includes TANF payments for housing made through HUD.

4. Educational Assistance Vendor Payments

Educational assistance paid on behalf of households for living expenses are excluded.

5. Vendor Payments that are Reimbursements

Vendor payments that are also in the form of reimbursements are excluded.

6. Demonstration Project Payments

In-kind or vendor payments that would normally not count



as income but which are converted, in whole or in part, to a direct cash payment under a federally authorized demonstration project or a waiver of federal law provisions are excluded.

7. Other Third-Party Payments

Money which is legally obligated and otherwise payable to the household shall be counted as income and not excluded as vendor payments when they are diverted to a third party by the provider of the payment for a household expense. Court-ordered support or alimony payments and wages are examples of payments that will count as income regardless of diverted payments to third parties.

4. Infrequent or Irregular Income

Any income in the certification period which is received too infrequently or irregularly to be reasonably anticipated, but which is not more than \$30 in a calendar quarter. This may include interest payments on bank accounts or other financial instruments as long as the average monthly payment is less than \$10.00 per month.

5. Loans

All loans. The loan may be from a private individual as well as from a commercial institution. When verifying that income is exempt as a loan, a legally binding agreement is not required. A simple statement signed by both parties that indicates that the payment is a loan and that the household must repay the loan will be sufficient verification. If the household receives payments on a recurrent or regular basis, however, from the same source, but claims the payments are loans, the local agency may also require that the provider of the loan sign an affidavit which states that repayments are being made or that payments will be made in accordance with an established repayment schedule.

6. Reimbursements

Reimbursement on past or future expenses, to the extent that:

- a. They do not exceed actual expenses.
- b. They do not represent a gain or benefit to the household.

Reimbursements for normal household living expenses, such as rent or mortgage, personal clothing, or food eaten at home are a gain or benefit, and, therefore, **are not excluded**. To exclude this



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money, these payments must be for an identified expense, other than normal living expenses, and the recipient must use the money for the purpose intended.

When a reimbursement covers multiple expenses, including a flat allowance, it is not necessary to identify each expense separately as long as none of the reimbursement covers normal living expenses.

The amount by which a reimbursement exceeds the actual incurred expense will count as income. It is not necessary to consider whether reimbursements exceed actual expenses unless the provider or the household indicates the amount is excessive. This applies to anticipated expenses as well as past expenses for which reimbursement covers.

Jury duty pay may count as a reimbursement if it meets the criteria of this section.

Examples of reimbursements that do not represent a gain or benefit to the household are:

- a. Reimbursement or flat allowances for job or training related expenses, such as:
  - 1) Travel
  - 2) Per diem
  - 3) Uniforms
  - 4) Transportation to and from the job or training site, including reimbursements for the travel expenses incurred by migrant workers.
- b. Reimbursements for out-of-pocket expenses of volunteers incurred in the course of their work.
- c. Medical reimbursements.
- d. Dependent care reimbursements.
- e. Reimbursements received by households to pay for services provided by Title XX of the Social Security Act.

7. Third Party Funds

Monies received and used for the care and maintenance of a third-party beneficiary who is not a household member. If the intended beneficiaries of a single payment are both household and nonhousehold



members, any identifiable portion of the payment intended and used for the care and maintenance of the nonhousehold member will not count. If the nonhousehold member's portion cannot be readily identified, the payment shall be evenly prorated among intended beneficiaries and the exclusion applied to the nonhousehold member's prorata share or the amount actually used for the nonhousehold member's care and maintenance, whichever is less. The term nonhousehold member refers both to persons residing with the food stamp household but considered nonhousehold members according to the provisions of [Part VI.C](#) and persons who do not reside with the food stamp household.

Examples

- a. Ms. X is payee for Social Security benefits for two children who do not live with her. The check totals \$200. Ms. X gives the children's guardian \$100. In addition, she deposits \$25 in a savings account for the children and spends the remaining \$75 on items for the children.

Ms. X has no income assigned from this source. The EW must count \$200 to the children's household. If Ms. X could not account for any portion of the \$200, that portion would count as income to her.

- b. Ms. Y receives child support for her two children. One child does not live with her. The father sends \$200 (\$100 prorated for each child). Ms. Y sends \$150 to the child who is not in her home.

The income for Ms. Y's household is \$100. The second child's income is \$150 (\$100 child support and \$50 contribution from the mother).

- c. Ms. Z and her four children receive a TANF check of \$300. The oldest child is in Job Corps in another city, so the food stamp unit excludes this child. Ms. Z sends the child \$50 a month from the TANF check to cover his living expenses.

The child's prorated share of the TANF check is \$300 divided by 5 = \$60. The mother actually sends \$50. The lesser amount, \$50, is excluded income in the food stamp calculation.

- d. A food stamp household requests the inclusion of children who reside elsewhere part of the month. The nonparticipating household receives income on behalf of the children and uses



that income to pay household and the children's personal expenses. The nonparticipating household does not share any of the income with the food stamp household.

Since the payee uses all the income on behalf of the members with dual household membership, the income must follow the members and count toward any household that claims them as members for food stamp purposes.

8. Earnings of Children

The earned income of children who are under age 18 and who attend elementary or high school, or who attend GED classes that are operated, supervised, or recognized by the local school board. This exclusion also applies to participants of elementary or high school level home-school programs that are approved by the local school superintendent as meeting the state's home-school law. The children must also be:

- a. Certified with a natural, adoptive or step-parent, or
- b. Under the control of a household member other than a parent, as defined in [Part VI.A.2.b](#).

This exclusion will continue to apply during temporary interruptions in school attendance due to semester or vacation breaks, provided the child's enrollment will resume following the break. If the child's earnings or amount of work performed cannot be differentiated from that of other household members, the total earnings must be divided equally among the working members and the child's prorata share excluded.

This exclusion will end the month following the month in which the child turns 18.

9. Lump Sum Payments

Monies received in the form of a nonrecurring lump sum payment, including but not limited to:

- a. Income tax refunds, rebates or credits;
- b. Retroactive lump sum Social Security, public assistance, Railroad Retirement benefits or other payments;
- c. Lump sum insurance settlements;
- d. Refunds of security deposits on rental property or utilities.
- e. Accumulated vacation pay or sick pay of terminated employees received in a lump sum;



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- f. Gambling winnings;
- g. Monetary gifts for identifiable one time occasions or normal annual occasions; and,
- h. Retroactive SSI payments even when received in multiple installments.

These payments will count as resources in the month received unless specifically excluded from consideration as a resource by other federal laws. The fact that the household or agency can anticipate a lump sum payment does not affect the exclusion as income.

Irregular unemployment compensation benefits will not count as lump sum payments although they may include amounts intended to cover prior periods.

**Irregular support payments generally will not count as lump sum payments.** The \$50 TANF disregarded support payment received for a prior period **and support payments made through one-time payments such as the withholding of federal or state tax refunds** will count as a lump sum resource however. The disregarded incentive support payment will be for a prior period if the entitlement date is two or more months prior to the check date. **This exclusion does not include the TANF monthly supplement payment received for the prior month.**

10. Self-Employment Expenses

The cost of producing self-employment income. The procedures for computing the cost of producing self-employment income are described in [Part XII.A.5](#) and [9](#).

11. Exclusion by Law

Income specifically excluded by federal law from consideration as income in determining Food Stamp eligibility or benefits. This includes:

- a. Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970 (P.L. 91-646, Section 216).
- b. All compensation received under the Alaska Native Claims Settlement Act and amendments (P.L. 92-203 and 100-241).
- c. Payments to volunteers under programs covered by the Domestic Volunteer Services Act of 1973 as amended (P.L. 93-113). This includes:



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- Title I - Payments to VISTA volunteers and participants of the University Year for Action and Urban Crime Prevention Program if the volunteers were receiving food stamps or public assistance when they joined the Title I program. This also includes payments to VISTA volunteers if the payment is less than the federal minimum wage.
  - Title II - This includes the Retired Senior Volunteer Program, Foster Grandparents, and the Senior Companion Program.
- d. Payments from programs funded in whole or in part under the Workforce Investment Act (WIA), except for on-the-job training programs funded through the WIA. Payments from on-the-job training programs under this section are considered countable earned income, except for persons under 19 who are under parental control of a household member. For such individuals, the on-the-job WIA payments are excluded.

This exclusion includes projects conducted under the National and Community Services Act, Americorps, and the Summer Youth Employment and Training Program, as if the projects were conducted under the WIA. Payments made under the Youthbuild Program through the Housing and Community Development Act must also be treated like WIA payments (P.L. 97-300, 99-198, 101-610, 102-367, 102-550).

- e. Payments from the Community Service Employment Program under Title V of the Older Americans Act (P.L. 100-175). Some organizations that receive Title V funds are:
- **Experience Works (formerly Green Thumb)**
  - National Council on Aging
  - National Council on Black Aging
  - American Association of Retired Persons
  - U.S. Forest Service
  - National Association for Spanish Speaking Elderly
  - National Urban League
  - National Council of Senior Citizens
- f. Payments from private nonprofit charitable organizations, not in excess of \$300 per fiscal quarter, which are not already



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excluded as a lump sum resource. Any amount over the \$300 limit is counted as unearned income (P.L. 100-232).

- g. Payments under the Wartime Relocation of Civilians Act to certain U.S. citizens of Japanese ancestry and resident Japanese aliens and certain Aleuts (P.L. 100-383).
- h. Payments from the Agent Orange Settlement Fund or any other fund established for settlement of Agent Orange product liability litigation (P.L. 101-201 and P.L. 101-239.)

Payments to veterans with service-connected disabilities resulting from Agent Orange exposure are countable (P.L. 102-4).

- i. Payments under the Disaster Relief Act of 1974, as amended, and the Disaster Relief and Emergency Assistance amendments of 1988. The disaster or emergency must be a presidentially-declared disaster. The exclusion applies to federal payments and comparable disaster assistance provided by States, local governments and disaster assistance organizations (P.L. 100-707).

Most Federal Emergency Management Assistance (FEMA) funds are excluded, but payments made when there is no declared disaster or emergency, such as rent assistance for the homeless household, are not excluded.

- j. The value of any child care provided, arranged, or reimbursed under the Social Security Act through the block grant child care program (Section 6585, P.L. 102-586, as amended).
- k. Earned income tax credits (P.L. 101-508).
- l. Salary reductions for military personnel which are used to fund the GI bill (P.L. 99-576).
- m. The following payments to Indian tribes:
  - Income from certain submarginal land of the U.S. which is held in trust for certain Indian tribes (P.L. 94-114, Section 6).
  - Income from the disposition of funds to the Grand River Band of Ottawa Indians (P.L. 94-540).
  - Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation (P.L. 95-433, Section 2).

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- Payments from the Maine Indian Claims Settlement Act of 1980 to the Passamaquoddy Tribe, the Penobscot Nation, and the Houlton Band of Maliseet (P.L. 96-420, Section 9c).
  - Payments of relocation assistance to members of the Navajo and Hopi Tribes (P.L. 93-531, Section 22).
  - Per capita payments of up to \$2,000 per calendar year under the Indian Judgment Fund Act as amended (P.L. 93-134 and 97-458).
  - Payments to the Chippewa Tribes: Turtle Mountain, Red Lake, Mississippi, Lake Superior, Saginaw, or White Earth (P.L. 97-403, 98-123, 99-146, 99-264, 99-346, and 99-377).
  - Payments to the Blackfeet, Grosventre, and Papago Tribes (P.L. 97-408).
  - Payments to the Assiniboiné Tribes (P.L. 98-124, Section 5 and 97-408).
  - Payments to the Seneca Nation (P.L. 101-503).
  - Payments to the Puyallup Tribe (P.L. 101-41).
  - Payments to the Sac and Fox Tribes (P.L. 94-189).
  - Payments, except for per capita payments over \$2000, to the Seminole Nation of Oklahoma, the Seminole Tribe of Florida, the Miccosukee Tribe of Florida, and the independent Seminole Tribe of Florida (P.L. 101-277).
  - Payments made under the Confederated Tribes of the Colville Reservation Grand Coulee Dam Settlement Act (P.L. 103-436).
- n. Payments under the Radiation Exposure Compensation Act (P.L. 101-426).
- o. Contributions of an SSI recipient into a Plan for Achieving Self Support (PASS) account (PL 102-237).
- p. Payments for meals for children or adults on whose behalf the payment is made through the Child and Adult Care Food Program, Section 12(a) of the School Lunch Act.



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- q. Payments to individuals because of their status as victims of Nazi persecution (P.L. 103-286).
- r. Payments through the Department of Veteran Affairs to children of Vietnam veterans who are born with spina bifida (P.L. 104-204).

12. Government Subsidies for Housing and Energy/Utility Payments

Payments or allowances made for **housing, energy assistance or utility payments** under any federal, **state or local government program** will not count. This includes payments received from the Low-Income Home Energy Assistance Program (Virginia Fuel Assistance Program), HUD and FmHA utility payments.

13. Shared Shelter Arrangements

In some situations, food stamp households may share shelter expenses with other food stamp units or other nonrecipients. Money may exchange hands between the units to facilitate bill paying. This exchange of money for the purposes of bill paying in a shared shelter arrangement is not considered income to the person receiving it. Each food stamp unit is entitled to its share of the shelter expenses on its worksheet.

Note: This policy does not replace the roomer/boarder and rental property situations.

14. Funds Deposited in an Individual Development Account (IDA) or HUD Escrow Account

Money deposited in an IDA on behalf of a household member will not count as income as well as money deposited in an escrow account established by HUD.

15. VIEW Support Services Payment

Payments made directly or indirectly to household members for supportive services through VIEW will not count as income.

16. Educational Benefits

Money received for educational purposes.



G. INCOME OF EXCLUDED HOUSEHOLD MEMBERS (7 CFR 273.9(b)(3); 273.11(d))

Individual household members may be disqualified from participation in the Food Stamp Program, or may be ineligible to participate. See Part VI.C for a discussion of nonhousehold members.

The earned or unearned income of a disqualified household member is to be handled in accordance with [Part XII.E](#). All or part of the income of the disqualified person must be counted to the remaining members.

For excluded household members who are ineligible rather than disqualified, such as ineligible students, the income of the ineligible member is not considered available to the household. Any cash payments from the ineligible member to the household must be considered income under the normal income standards described in this manual. If the household shares deductible expenses with the ineligible member, only the amount actually paid or contributed by the eligible members is allowed as an expense. If these payments or contributions cannot be differentiated, the expenses must be prorated evenly among the persons actually paying or contributing to the expense and only the eligible members' pro rata share deducted.

When the earned income of one or more household members and the earned income of an ineligible member are combined into one wage, the income of the household members must be determined as follows: If the household's share can be identified, count that portion due to the household as earned income. If the household's share is not identifiable, prorate the earned income among those it was intended to cover and count the prorated portion to the household.



PART XII SPECIAL INCOME DETERMINATIONS

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PART XII

SPECIAL INCOME DETERMINATIONS

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A. SELF-EMPLOYMENT INCOME

1. Definition

Self-employment income includes:

- a. The total gross income from a self-employment enterprise, which shall also include the total gain from the sale of any capital goods or equipment related to the business.
- b. Farm income. Income from farming will be that income derived from activities such as:
  - 1) the production and sale of crops and livestock for food;
  - 2) the raising of livestock to produce items such as eggs, wool, milk, etc.; and,
  - 3) the production and sale of tobacco, cotton and other non-food crops.
- c. Payments from roomers and boarders.
- d. Income from rental property. (See [Part XI.C.2](#) and [Part XI E.6.](#))

If a person has incorporated a self-employment enterprise, either alone or with other persons, and draws a salary from the business, the wages drawn are regular earned income (not self-employment income). In such a situation, the person's share of the net worth of the corporation is a resource.

2. Averaging of Self-Employment Income (7 CFR 273.11(a))

All self-employment income is calculated in the same manner described below, except income from boarders not residing in a commercial boarding house. Instructions for computing this type of income are described in [Part XII.B.](#)

- a. Self-employment income which represents a household's annual support must be annualized over a 12 month period, even if the income is received in a shorter period of time. For example, income from a farmer's crop that represents the farmer's annual support must be averaged over a 12 month period, even though the income is received in a shorter time frame. In addition, self-employment income that represents a household's annual support must be annualized even if the household has income from other sources.



Note: There are situations when it is difficult to determine if self-employment income represents a household's annual support. This can be especially difficult to ascertain when the household has income from other sources. In an effort to make such a judgement, however, other factors, in addition to the household's own statement, that could provide some indication as to how long the household could sustain itself on such income must be examined and evaluated. Such factors would include, but are not be limited to, the previous year's business and personal expenses, tax records, anticipated expenses for the current year, income expected to be received from other sources during the coming year, and so on. These factors, when compared with the income from seasonal self-employment, should provide a basis for making a determination about how long the income is intended to support the household. For example, if the previous year's expenses were proportionate to the household's income from self-employment, it could be an indication that the income would sustain the household for a year; therefore, the household's income should be annualized. If expenses were not proportionate with the income, it might be determined that such income could not sustain the household for a year; therefore, income should be averaged over the period of time the income is intended to cover.

- b. Self-employment income received on a monthly basis but representing a household's annual support must normally be averaged over a 12-month period. Examples of this type of self-employment includes most small businesses, such as grocers, or some farmers. If the averaged amount does not accurately reflect the household's true monthly circumstances because of a substantial increase or decrease in business, the self-employment income must be calculated based on anticipated earnings.
- c. Self-employment income that does not represent a household's annual support must be averaged over the period of time the income is intended to cover. This type of seasonal self-employment includes vendors who receive their income in the summer or during the tourist season and supplement it through another source during the rest of the year.



- d. Households with newly formed enterprises that have been in existence less than a year shall have their self-employment income averaged over the amount of time the business has been in operation, and the monthly amount projected for the coming year. If the business has been in operation for such a short time that there is insufficient information to make a reasonable projection, a certification period should be assigned which allows for a timely review of the household's circumstances.

If a household farming for the first year has not yet received its first income, or an established farming household has not yet realized a change in income due to a change in the amount or type of crops raised, the EW should not anticipate the amount of the expected income from the new crop when determining the household's income.

3. Determining Monthly Income from Self-Employment (7CFR 273.11(a)(2))

- a. For the period of time over which self-employment income is determined, the EW must:
  - 1) Add all gross self-employment income, including capital gains, for the period of time over which income is determined.
  - 2) Subtract the cost of producing the self-employment income (See [Part XII.A.5.](#))
  - 3) Divide the remaining self-employment income by the number of months over which the income will be averaged.
- b. When self-employment income is not averaged but is calculated on an anticipated basis, the EW must:
  - 1) Determine any capital gains the household anticipates **receiving during the period over which the income is averaged which is likely to be the certification period.**
  - 2) Divide the amount by 12 (use this amount in successive certification periods during the next 12 months unless the anticipated amount of capital gains changes. If this should occur, a new average monthly amount must be calculated.)
  - 3) Add anticipated monthly amount of capital gains to anticipated monthly self-employment income.



- 4) Subtract the cost of producing the self-employment income. The cost of producing the self-employment income shall be calculated by anticipating the monthly allowable costs of producing the income.

If obtaining verification of the cost of doing business will delay the household's certification, the local agency must advise the household that the household's eligibility and benefit level may be determined without providing a deduction for these costs. If these costs or a portion of them cannot be verified within 30 days of the date of application, the local agency must determine the household's eligibility and benefit level without providing a deduction for the unverified portion. The household must be given at least 10 days to provide the verification. For initial applications and reapplications, if the household would be ineligible unless these unverified costs are allowed, the household will have an additional 30 days to take the required action. Action must be taken on recertifications in accordance with the verification time frames described in [Part IV.C.4](#).

One or more payments to farmers from the Disaster Assistance Act of 1988 (P.L. 100-387) must be counted as earned income. These payments, made to farmers who are adversely affected by a drought, are given for crop losses or to buy feed grain. This income is considered a replacement for income lost as a result of a drought, and for self-employed farmers, the income must be processed in accordance with normal annualizing procedures for self-employment income. Since the payment is counted as income, it is excluded as a resource. (PIRS 89-4).

4. Capital Gains (7 CFR 273.11(a)(3))

The proceeds from the sale of capital goods or equipment are calculated in the same manner as a capital gain for federal income tax purposes. Even if only 50% of the proceeds from the sale of capital goods is taxed, the EW must count the full amount of the capital gain as income for food stamp purposes.

Example

Farmer A purchased a tractor for \$3,000 in **1987**. Over the period of 10 years he claimed \$3,000 in depreciation on the tractor. In **1997**, he sold the tractor for \$1,000. For income tax purposes, the transaction appears as follows:

Purchase price	\$3,000
Depreciation claim	<u>3,000</u>
Purchase base	0



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Sale price	\$1,000
Reported as gross	<u>x 50%</u>
Taxable income	\$ 500

For Food Stamp purposes the entire proceeds, or \$1,000, would be included as gross income.

5. Allowable Costs of Producing Self-Employment Income (7 CFR 271.11(a)(4))

Allowable costs of producing self-employment income include, but are not limited to, the following:

- a. the identifiable costs of labor, stock, raw material, seed and fertilizer.
- b. payments on the principal of the purchase price of income producing real estate and capital assets, equipment, machinery and other durable goods or on the principal for improvements to real estate.
- c. interest paid to purchase income producing property, capital assets, equipment, machinery, and other durable goods.
- d. insurance premiums paid on income producing property.
- e. taxes paid on income producing property.
- f. costs of repairs to property needed for general maintenance.
- g. identifiable shelter costs needed for the business enterprise.

For households whose mortgage payments represent an investment in the household's residence as well as an investment in income producing property, the mortgage payment, interest, and taxes will be deductible only as part of the household's shelter costs and not as a cost of producing income. If the household can document, however, that costs on that portion of the home used in the self-employment enterprise are separate and identifiable, payments on the mortgage principal, taxes, interest, and other identifiable costs may be deducted as a cost of doing business.

6. Costs Not Allowed (7 CFR 273.11(a)(4)(ii))

The following items are not deductible as a cost of doing business:

- a. net losses from previous periods.
- b. federal, state, and local income taxes.



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- c. money set aside for retirement purposes.
- d. other work related personal expenses, such as transportation to and from work.
- e. depreciation.

NOTE: "b", "c", and "d" are included in the 20% earned income deduction.

7. Allowable Costs of Producing Income for Day Care Providers

When day care is provided in the home of a member of one household to children other than those living in the same food stamp household, an allowance must be made for the cost of meals and snacks that are provided. The allowance is as follows, unless the provider documents actual costs that exceed these amounts:

Breakfast - **\$1.06** per meal; Lunch or Supper - **\$1.96** per meal;  
Snacks - **\$.58** per meal.

Money paid to day care providers under Section 12 of the School Lunch Act to serve meals to children, other than their own, is countable. Allowable business costs, as described above, are given.

8. Net Loss from Farm or Fishing Operations (7 CFR 273.11(a)(2)(iii))

Self-employed farmers, as defined in [Part XII.A.b](#), and self-employed fishermen may have a net loss once allowable costs of doing business are deducted from gross farm income. If the farmer or fisherman receives annual gross proceeds of \$1,000 or more from the farming or fishing enterprise, any net loss amount must be prorated over the year in the same manner used to prorate the farm or fishing income. Losses from farm or fishing self-employment enterprises are offset in two phases. The first phase is offsetting against non-farm/fishing self-employment income. The second phase is offsetting against the total of earned and unearned income. The gross income eligibility standard is applied after offsetting. The earned income deduction is based on wages and salaries, and any income from self-employment remaining after the first phase of offsetting.

9. Depreciation

Depreciation is not allowed as a cost of producing self-employment income for equipment, machinery or other capital investments necessary to the self-employment enterprise.



B. BOARDERS (7 CFR 273.11(b))

The income of households owning and operating a commercial boarding house is handled as self-employment income under [Part XII.A.2 and 3](#). A commercial boarding house is an establishment licensed as a commercial enterprise that offers meals and lodging for compensation. In localities without licensing requirements, a boarding house is as a commercial establishment that offers meals and lodging for compensation with the intent of making a profit. The number of boarders residing in a boarding house is not used to determine if a boarding house is a commercial enterprise.

For all other households containing boarders, the income from the boarders must be calculated following the procedures in this chapter. See [Part VI.B.](#) to determine boarder status.

1. Income from the Boarder

The income from boarders must include all direct payments to the household for room and meals, including payments to the household for part of the shelter expenses. Shelter expenses paid by boarders directly to someone outside the household (such as a landlord or utility company) are not counted as income to the household.

2. Cost of Doing Business

To determine the net amount of countable income from a boarder the EW must deduct the cost of doing business from the gross monthly income figure.

The cost of doing business is equal to one of the following:

- a. If the household takes more than two meals per day, the amount of the maximum coupon allotment for a household size that is equal to the number of boarders; or,
- b. if the household takes two meals or less per day, the amount equal to two-thirds of the maximum coupon allotment for a household size that is equal to the number of boarders; or,
- c. the actual documented costs of providing room and meals, if they are higher than the appropriate coupon allotment.

The allowable cost of doing business may never exceed the amount the household receives from the boarder. If actual costs are used, only separate and identifiable costs of providing rooms and meals to the boarders are allowed.



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3. Earned Income Deduction

The 20% earned income deduction as defined in [Part X.A.2.](#) will be allowed for all income from boarders. The net boarder payment must be added to all other earned income before allowing the 20% deduction.

C. SPONSORED IMMIGRANTS (7 CFR 273.4(c))

Affected Groups

All immigrants granted U.S. visas based on family connections and some employment-based immigrants must have a sponsor in order to obtain permanent residency. The sponsor must execute an affidavit of support on behalf of the immigrant to demonstrate financial responsibility for the immigrant.

This chapter applies to persons who file visa applications on or after December 19, 1997, and for persons who file for an adjustment of status on or after December 19, 1997.

Individual sponsors must document that they have the capacity to financially support and maintain an immigrant, generally at 125 percent of the federal poverty level. The sponsor must execute a legally enforceable affidavit of support, INS Form 864, on behalf of each immigrant. The sponsorship affidavit also requires an agreement to reimburse agencies for any means-tested public benefits obtained by the sponsored immigrant.

The agency must evaluate the provisions of this chapter for immigrants who are eligible for food stamps as permanent resident immigrants with 40 quarters of work credited to them ([Part VII.F.1.f.](#)) and for permanent residents who are conditionally eligible for food stamps if they meet a qualified status ([Part VII.F.2.](#)).

Exemptions

The provisions of this chapter do not apply to the following groups:

- Immigrants without sponsors. This group includes persons who entered the United States without an individual sponsor who signed a legally binding affidavit of support. These immigrants include refugees, asylees, persons whose deportation is withheld, Amerasians and Cuban/Haitian entrants.
- Immigrants whose sponsors signed affidavits of support before December 19, 1997 or persons whose sponsors have not signed a legally enforceable affidavit of support.
- **Immigrant children under 18 years of age.**



- Immigrants who would be indigent without food stamps or other public assistance in that the household's income, including any assistance from the sponsor, is insufficient to provide food or shelter. Indigence here means that the household's own income and any direct cash or in-kind contribution from the sponsor or others do not exceed the gross income level for the household's size. The only income the agency may deem from the sponsor for a 12-month renewable period is the amount the sponsor actually provides if the immigrant is indigent. The local agency must report the immigrant and sponsor's names to the U.S. Attorney General if an immigrant is determined to be indigent.

This exemption will last for one year from the date of the indigence determination. The agency may renew the indigence determination for additional 12-month periods.

- An immigrant determined to be a battered spouse, child or parent or subject to extreme cruelty in the U.S. The person must be living separately from the batterer. This exemption covers any 12-month period. The exemption may be extended for additional 12-month periods if the immigrant shows that a court, administrative order or the Immigration and Naturalization Service recognizes the battery and if the local social services agency determines the battery has a substantial connection to the receipt of food stamps.

1. Computing the Countable Income of Sponsors

A portion of the monthly income of the sponsor and the sponsor's spouse, if he or she executed the affidavit of support, must be considered in determining the eligibility and benefit level of the household of which a sponsored immigrant is a member. The agency must make the determination as follows:

- a. Calculate the earned income of the sponsor and the sponsor's spouse.
- b. Deduct the 20% earned income deduction from this amount.
- c. Add the unearned income of the sponsor and the sponsor's spouse.
- d. Deduct the gross income eligibility limit for the size of the sponsor's household including any person who is claimed or could be claimed by the sponsor or the sponsor's spouse as a dependent for federal income tax purposes.
- e. The remainder is the countable income for the sponsored immigrant for food stamp purposes.



If the immigrant has already reported gross income information about the sponsor for the sponsored alien rules for TANF, that income amount may be used for food stamps. Allowable deductions are limited to the 20% earned income deduction and the food stamp gross monthly income amount stated above.

If a sponsored immigrant can demonstrate to the local agency's satisfaction that the sponsor is responsible for other immigrants, the income deemed here must be divided by the number of sponsored immigrants.

Money paid to the immigrant by the sponsor (or the sponsor's spouse) will not count as income unless the amount paid exceeds the amount attributed to the immigrant under [Part XII.C.1.a.](#)

Examples

- Sponsor's income attributed to immigrant                      \$100  
Amount paid directly to the immigrant by  
the sponsor for an "odd job"    \$ 60

This \$60.00 amount will not count as income to the immigrant's household.

- Sponsor income attributed to immigrant                      \$100  
Amount paid directly to the immigrant by  
the sponsor for an "odd job"    \$120

The \$20.00 over the \$100 attributed income is countable income to the immigrant's household.

2. Computing Countable Resources of Sponsors

Resources of the sponsor and the sponsor's spouse count towards the immigrant household. The total amount of the sponsor's and spouse's nonexempt resources must be reduced by \$1500. If a sponsored immigrant can demonstrate to the local agency's satisfaction that the sponsor is responsible for other immigrants, the resources counted here must be divided by the number of sponsored immigrants that apply for or are participating in the Food Stamp Program.

3. Termination of the Sponsor's Obligation

The evaluation and use of the income and resources of the sponsor and spouse of the sponsor must continue toward the food stamp eligibility and benefit level of the immigrant until the immigrant becomes a U.S. citizen. The evaluation of the sponsor's obligation will also terminate when the immigrant can be credited with 40 quarters of work coverage, provided the immigrant received no public benefits for any quarter beginning January 1997. (See [Part VII.F.](#) for a discussion of qualifying quarters of work.)



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Other conditions that will cause the sponsor's support obligation to end are the death of either the sponsored immigrant or the sponsor, or instances when the immigrant leaves the country or no longer holds permanent resident status.

4. Responsibilities of the Sponsored Immigrant

The immigrant is responsible for the following:

- a. obtaining the cooperation of the sponsor;
- b. providing information or documentation necessary to calculate the countable income and resources of the sponsor at application and recertification; and,
- c. providing the names or other identifying information about immigrants for whom the sponsor has signed an agreement to support to enable the local agency to determine how many of these sponsored immigrants are Food Stamp Program applicants or recipients so that the sponsor's attributed income and resources can be divided by the number of such immigrants.

If information about other immigrants for whom the sponsor is responsible is not provided, the income and resource amounts will be attributed to the immigrant in their entirety until the information is provided.

The immigrant is also responsible for:

- reporting the required information about the sponsor and sponsor's spouse if a different sponsor is obtained during the certification period; and,
- reporting a change in income should the sponsor or the sponsor's spouse changes or loses employment, or dies during the certification period. These changes must be handled according to the timeliness standards in [Parts XIV.A.](#)

The household is primarily responsible for obtaining the information or verification needed to determine the sponsor's or spouse's income and resources but, the agency must provide assistance in accordance with [Part III.B.](#)



5. Reimbursement Procedures

After food stamp benefits are issued to a sponsored immigrant, the local agency must pursue collection of the amount of benefits issued. The local agency may lump together the amount of all public benefits issued by the agency instead of pursuing separate collections for each program. Legal and other collection costs may be included in the reimbursement requests.

The agency must exclude any sponsor who is participating in the Food Stamp Program from the reimbursement procedures.

The request for reimbursement must be sent to the sponsor by personal service and must include the following:

- a. Date of the sponsor's affidavit or support;
- b. Sponsored immigrant's name;
- c. Immigrant's registration number;
- d. Address of the immigrant;
- e. Immigrant's date of birth;
- f. Type of public benefit received;
- g. Date(s) benefits received; and,
- h. Total amount of benefits received.

The request for reimbursement must advise the sponsor to respond within 45 days of the request by paying the requested amount or by arranging a payment plan that is satisfactory to the agency.

If the sponsor does not respond to the reimbursement request, the agency may file a civil suit against the sponsor at the end of the 45-day period. If a final judgment is obtained against the sponsor, the agency must mail a certified copy of the judgment and a cover letter containing the reference "Civil Judgment for Congressional Report - 213A(i)(3)IIRIRA" to:

Immigration and Naturalization Service  
Statistics Branch  
425 I Street NW  
Washington, D.C. 20536



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The agency must send any reimbursement payments for food stamp benefits and a copy of the reimbursement request letter to:

U.S. Department of Agriculture  
Food and Consumer Service  
Mid-Atlantic Regional Office  
P.O. Box 953772  
St. Louis, MO 63195-3772

The agency must send a copy of the reimbursement request letter and reimbursement check to:

U.S. Department of Agriculture  
Food and Consumer Service  
Mid-Atlantic Regional Office  
300 Corporate Boulevard  
Robbinsville, NJ 08691-1598

Note that while a sponsor's obligation may be terminated for conditions noted in Section b. above, that termination does not relieve the sponsor or the sponsor's estate of the obligation to reimburse programs for the issuance of public benefits provided before the support agreement terminated.

Efforts to collect amounts issued to sponsored immigrants through the Food Stamp Program or other means-tested public benefits must be taken within 10 years of the date of the last issuance.



6. Awaiting Verification

If the information necessary to determine the amount of the sponsor's or sponsor's spouse's income and resources attributed to the immigrant, is not received or verified in a timely manner, the sponsored immigrant will be ineligible until all necessary facts are obtained. In addition, if questions arise about whether an immigrant has a sponsor, the date of entry, or the date of the adjustment of status, such questions must be resolved before food stamp eligibility can be established for the immigrant. The eligibility of any remaining household members must be determined. The income and resources of the ineligible immigrant (excluding the attributable income and resources of the alien's sponsor and sponsor's spouse) must be treated in the same manner as a disqualified member as set forth in [Parts XI.G and XII.E](#), and considered available in determining the eligibility and benefit level of the remaining household members.

If the sponsored immigrant refuses to cooperate in providing and/or verifying needed information, other adult members of the immigrant's household will be responsible for providing and/or verifying the information required. If the household refuses to cooperate in this regard, the entire household is ineligible. If the information or verification is subsequently received, the local agency must act on the information as a reported change in household membership in accordance with the timeliness standards in [Part XIV.A](#).

If the same sponsor is responsible for the entire household, the entire household is ineligible until the needed sponsor information is provided and/or verified.

D. HOUSEHOLDS WITH A DECREASE IN INCOME DUE TO FAILURE TO COMPLY WITH ANOTHER PROGRAM'S RULES

Food stamp benefits must not be increased when a household's benefits from another means-tested, publicly funded program are reduced, terminated, or suspended because of failure to comply with that program's requirements. Changes that are not related to the penalty imposed by the other program must continue to be reflected in the food stamp allotment, including adding household members who may be barred from receiving benefits from other public assistance programs. The public assistance income, as a penalty, must not be counted in the calculation for food stamp benefits if the public assistance case is closed at the household's request or for a reason other than noncompliance, regardless of prior case actions that may have been taken due to noncompliance.



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1. For federal, state, or local public assistance programs, such as TANF or GR, failure to comply will be determined to exist after it has been established that policy exemptions and good cause provisions, if appropriate, have not been met. Failure to comply may also be evidenced by a court conviction for a fraud conviction or a finding through the ADH process.

When TANF or GR benefits are decreased because of the household's failure to comply with that program's requirements, the food stamp allotment will be based on both the current amount of the TANF or GR check and the amount of the reduction or penalty. The penalty income must be counted as long as the reduced payment is received. If the PA case is closed, the penalty income must be counted in the food stamp calculation for a minimum of six months following the closure of the PA case or longer if the PA case remains under care.

Example

The agency reduced a household's TANF grant from \$291 to \$241 per month. The reduction occurred because of the household's failure to comply with the immunization requirements needed by TANF program rules. The TANF amount to be used for the Food Stamp Program is \$291.

The agency must evaluate acts of noncompliance with work program requirements where individuals or households must be sanctioned and apply the provisions of Part VIII.A.4 before applying the provisions of this chapter.

2. Social Security (OASDI) benefits, unemployment compensation and veteran's benefits are not means-tested programs. If reduced payments occur for these programs because of a failure to comply, the food stamp allotment will be based only on the current amount of the check(s).
3. HUD payments and SSI are publicly funded and means-tested programs. If reduced payments occur for these programs because of a failure to comply however, the food stamp allotment will be based only on the current amount of the check(s), to the extent the payment is counted as income for food stamp purposes.



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E. DISQUALIFIED INDIVIDUALS: TREATMENT OF INCOME, RESOURCES AND DEDUCTIONS (7 CFR 273.11(c))

Individual household members may be disqualified from participating in the Food Stamp Program for a number of reasons. The reason for the disqualification must be assessed because of the different procedures for calculating the income to the remaining household members.

This chapter describes the procedures to be used to determine the eligibility and benefit level of the remaining household members.

1. Resources

The resources of the disqualified individual shall continue to count in their entirety to the remaining household members.

2. Income

a. The earned or unearned income of an individual disqualified:

- 1) for an intentional program violation;
- 2) because of noncompliance with work registration;
- 3) as a result of a sanction for FSET, voluntary quit, or work reduction;
- 4) for fleeing prosecution or imprisonment or one who is violating terms for parole or probation; or
- 5) as a result of a felony conviction involving controlled substances,

is counted in its entirety to the remaining household members.

b. A pro rata share of the income of:

- 1) an individual disqualified for failure to obtain or refusal to provide a Social Security number;
- 2) an ineligible alien;
- 3) an individual whose U.S. citizenship is in question and for whom no verification has been provided, or
- 4) an individual who is unable to participate further because of time-limited eligibility through the work requirement (Part XV),



is counted as income to the remaining household members. This pro rata share is calculated by first subtracting any allowable exclusions from the individual's income and dividing the income evenly among the household members, including the disqualified one. All but the disqualified individual's share is counted as income to the remaining household members.

In situations where a household includes more than one member disqualified for the reasons listed above, each excluded member's income is prorated among all household members, including other excluded members, even if the other excluded members have no income. All but the amount attributed to the excluded members in [Part XII.E.2.b.](#), is counted in computing the household's income for eligibility and allotment purposes.

If a single payment is received for more than one beneficiary, and one is to be disqualified, determine the income to be assigned to each individual in accordance with [Part XI.F.7.](#)

### 3. Deductions

For the calculation of deductions, consideration must be given to whether the disqualified household member is responsible for an expense or whether the disqualified member pays the expense. If the disqualified member is responsible for an expense but the eligible household members actually pay the expense, the expense must be treated as an expense of the eligible household members rather than as that of the disqualified members. Similarly, if the disqualified members pay a household expense, even though someone else is responsible for the expense, the expense will be attributed to the disqualified members as outlined below.

- a. For individuals disqualified for one of the reasons listed in 2.a. above, the standard deduction, earned income deduction, medical deductions, dependent care expenses, excess shelter deductions, homeless shelter allowance and mandatory child support payments shall continue to apply in their entirety to the remaining household members.
- b. For individuals disqualified for, a reason listed in 2.b. above, deductions shall be handled in the following manner:
  - 1) The 20 percent earned income deduction shall apply to the countable prorated income earned by the excluded member.



- 2) That portion of the household's allowable shelter and dependent care expenses that are either paid by or billed to the **disqualified** members and allowable medical and child support expenses of the **disqualified** members, must be divided evenly among the **eligible and disqualified** members. All but the amount attributed to the **disqualified** members in b. above is allowed as a deduction and is counted as a deductible expense for the remaining household members.

4. Eligibility and Benefit Level (7 CFR 273.11(c)(4))

The disqualified individual shall not be included when determining the household's size for purposes of assigning a benefit level, for purposes of comparing the household's monthly income with the income eligibility standards, or comparing the household's resources with the resource eligibility limits. In addition, if the only elderly or disabled individual in the household is the disqualified individual, the household shall not be entitled to the unlimited shelter deduction which otherwise would apply to a household containing an elderly or disabled individual.

F. AVERAGING CONTRACT AND SELF-EMPLOYMENT INCOME (7 CFR 273.10(c)(3)(ii))

1. Annualization

Households, other than migrant or seasonal farmworkers, which by contract or self-employment, derive their annual income in a period of time shorter than one year must have that income averaged over a 12-month period. Prorating the income over 12 months is appropriate as long as the income from the contract is not received on an hourly or piecework basis. These households may include school employees, sharecroppers, farmers, and other self-employed households. Contract income that is not the household's annual income, in that it is intended to meet the household's needs for only part of the year, must be prorated over the period the income is intended to cover. The procedures for averaging self-employment income for shorter periods than 12 months are described in [Part XII.A.2](#).

The statement of an hourly rate of pay in a contract does not necessarily mean the contract is on an hourly basis and therefore is not to be annualized. If the total amount of annual income for the contract period can be derived from the information contained in the contract, or information that is readily available, exclusive of days which may be missed due to circumstances such as illness or bad weather, the income is annualized.



Examples

1. A school bus driver's contract states he will receive \$7 per hour for 5 hours per day over the 180 day school year. The school board states the school year has 180 days. Since a total amount of income can either be derived from the contract or is readily available (7 times 5 times 180 equals \$6300 per year), the total income is annualized.
2. A school cafeteria worker's contract calls for \$7 per hour over the school year of 180 days, but the number of hours available is not indicated. The number of hours per day varies, and the school board cannot anticipate the number. The total amount of income for the contract period cannot be derived from either the contract or other information and, therefore, income is not annualized.

There may be instances in which a contract is initiated for a partial year after the start of the normal contract period. In these instances, the income must be prorated over the partial contract period in the same manner as if the person was hired for the entire contract period.

Example

A contract for a school employee is entered into in January. The regular contract period is September - June. Income for food stamps would normally be prorated from September through August. For this partial year, the income must be prorated from January through August.

2. Adjustments to Annualized Amounts

In those cases where a contract specifies a set amount over the contract period, plus additional monies of an uncertain amount if additional work is available and done, only the base contract amount is annualized. Additional monies earned over and above the base contract are counted as income when they can be anticipated. The EW must explore with the household the past receipt of such income and whether the person is receptive and therefore available for the extra employment. In some instances, the pattern of past receipt of extra earnings may suggest that such money should be anticipated.

Example

A school bus driver's contractual amount is \$6300 per year. However, the driver can earn an extra \$10 per trip driving for special school functions. \$6300 divided by 12 equals 525 per month to count as income from the contract.



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Suppose in March the client earns an additional \$40 driving to basketball games. He reports receipt of this income to the agency. No additional money is expected because no other trips are currently planned and his work history shows that no special trips occur after the basketball season. The annualized contract amount of \$525 is the only income considered for future months.

In those cases where a contract calls for no pay for those days not worked, income averaging over a 12-month period is still appropriate. If it can be anticipated at the time of certification that certain days will be missed, the salary for these days should not be counted. Otherwise, the income calculation is to be based on the maximum salary. The household may then inform the local agency as days are missed. The average will then be adjusted for the remaining months.

#### Example

A school bus driver's contract states that he will receive \$1250 for the year, but that he will not be paid for days the school is closed or for days he is sick. When he applies on March 10, he has already missed three days for snow in the contract year and he was sick for two days. The contract reads that \$10 will be deducted for each day not worked. The household is certified with income of \$100 per month ( $\$1250 - \$50 = \$1200 \div 12 = \$100.00$ ).

On April 5, the household reports that another two days have been missed, which were not anticipated at the time of certification. The household's food stamp income is then adjusted to \$98.33 ( $\$1200 - \$20 = \$1180 \div 12 = \$98.33$ ).

With the effective date of the next contract, the maximum income from that contract will be averaged over the year, less the income for any anticipated absences.

It will also be necessary to adjust the average if the contract amount changes during the contract period as a result of an increase in salary. As in the situation above, the average is adjusted for the remaining months of the annualized period.

#### Example

A school employee signs a contract which states that he will receive \$3600 per year. The contract runs from September through June. Thus, \$300 is assigned to each month in the year, beginning in September. Effective in



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January, the employee reports that his salary was increased to \$4800 per year. Now, \$400 is assigned to the months remaining in the contract period ( $\$4800 \div 12 = \$400$ ).

3. Termination of Annualized Income

If no further income from the same source is expected, contract income that has been annualized is considered terminated as of the last month included in the annualization.

Example

A contract school employee is paid \$6,000 over the ten months in the school year, September through June. She grosses \$600 in each of the 10 months. She does not plan to work for the school board in the next school year.

The Food Stamp worker annualizes the income over the year September through August, and counts  $\$6,000 \div 12 = \$500$  per month.

Should the employee apply in June, her income is not considered terminated in June, even though June is the last month she receives a pay check. The income is terminated in August, the last month included in the annualization.

Income that is interrupted within the contract period is considered terminated the month the change in contract employee status occurs.

Example

A school employee quits in February. The agency annualized her contract income and assigned income to the months September through August. The income will no longer count for February

Self-employment income that has been annualized is considered terminated as of the month the person terminates the self-employment enterprise.

G. WAGES HELD BY AN EMPLOYER

Wages held by an employer at the request of the employee will count as income to the household for the month the wages would otherwise have been paid by the employer. Wages held by the employer as a general practice



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will not count as income to the household even if it is in violation of law. Held wages will count if the household expects to ask for and receive an advance, or expects to receive income from wages that the employer previously held as a general practice. This income will count as long as the local agency did not previously count the income.

Advances on wages count as income in the month received only if the EW can reasonably anticipate the receipt of the income as defined in [Part XIII.A.3](#). Conversely, when an employer withholds wages to repay an advance that previously counted as income in a food stamp determination, the wages withheld will not count as income.

#### H. TRANSITIONAL BENEFITS FOR FORMER TANF RECIPIENTS

Transitional Benefits allow food stamp benefits to continue in a frozen amount for a brief period while former TANF recipients adjust financially to the loss of the TANF grant. At any time during the Transitional Benefits period, the household could decide to reapply and receive a regular food stamp allotment.

##### 1. Transitional Benefits Eligibility

When a TANF case closes, the EW must convert the food stamp case to Transitional Benefits unless the food stamp household is ineligible for Transitional Benefits or the household requests closure of the food stamp case.

Transitional Benefits will apply to any food stamp case:

- if at least one household member is the Case Name or Payee for a TANF case that closed and
- with a closed TANF case.

Transitional Benefits will not apply if:

- **there is no active case certified to receive food stamp benefits at the time of the action to close the TANF case;**
- the TANF case has a suspended status, regardless of the reason for the suspension;
- the TANF case closed because of noncompliance with TANF Program rules that results in a sanction or disqualification of the TANF benefits;
- the household requests to remain in the regular Food Stamp Program before the switch to Transitional Benefits occurs.



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- the TANF case is closed because there are no eligible children in the home as a result of a child protective services investigation;
- the TANF case is closed after discovery that the case was approved in error;
- the food stamp case or members have a sanctioned or disqualified status because of noncompliance with Food Stamp Program rules; and,
- the TANF case closed because of the household's failure to renew its eligibility at the end of the certification period.

1. Calculation of Benefits

Households will receive benefits during the transitional period based on the circumstances that existed at the time of the TANF case closure. In instances where the TANF case is connected to the food stamp case, ADAPT will recalculate food stamps to subtract the TANF grant amount from the food stamp calculation for the month of the TANF case closure. In other instances, the EW must recalculate the benefits. The calculations must reflect the removal of the TANF grant amount and the TANF Match payment for child support received. The calculations must not include a substitution of the TANF amount with any new income amount that may have caused the TANF case closure. The EW must leave all other eligibility factors in place, including income, deductions and household composition.

The EW must not reflect any changes in the food stamp allotment during the Transitional Benefits period. As the agency discovers changes or the household reports changes in its circumstances, the EW must act on those changes for food stamps but override any system recalculations of the allotment to reflect the "frozen" amount as calculated above. In instances where household members leave the household and subsequently apply in another food stamp household, the EW must delete the household members who are in another food stamp household and adjust the allotment for the new household size. In other words, during the Transitional Benefits period, except for household composition changes to delete members to prevent duplicate participation, the EW must not adjust benefits to reflect changes.

Households receiving Transitional Benefits will not be entitled to adjusted benefits through a mass change if a mass change occurs during the Transitional Benefits period.



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3. Transitional Benefits Procedures

The Transitional Benefits period will be for five calendar months after the effective date of the TANF case closure. The certification period for Transitional Benefits cases will be five months. The EW must adjust the original certification period to lengthen or shorten the period so that the certification period will be five months.

The EW must provide the household with a Notice of Action to notify the household of the revised benefit amount and new certification period. The agency must send the Notice of Expiration before the last month of the new certification period to notify the household to reapply for benefits in order to continue to receive food stamp benefits.

Households that receive Transitional Benefits are not required to report changes in their circumstances for the Food Stamp Program except a change of address. These households are not subject to the Interim Reporting requirements as addressed in [Part XIV](#).

4. Ending Transitional Benefits

- Eligibility for Transitional Benefits will end the month an application for TANF benefits is filed if the household reapplies for TANF assistance. The EW must provide an adequate notice for the closure. The application will be treated as an application for food stamp benefits unless the household elects not to apply for food stamps.
- Eligibility for Transitional Benefits will also end as soon as administratively possible if a TANF case is reinstated because of the household's request for continued benefits for a timely-filed appeal. The food stamp case must be changed to reflect the original certification period and calculations that existed before the conversion to Transitional Benefits. The EW must provide an adequate notice.
- Transitional Benefits will end as soon as administratively possible when the household requests closure of the case. The EW does not need to send a notice to the household if the request is made in writing or in person. The household must reapply for food stamp benefits to receive additional benefits.
- Transitional Benefits will end when a household moves from Virginia. The EW does not have to provide either an advance or an adequate notice.



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PART XIII

ELIGIBILITY DETERMINATIONS AND BENEFIT LEVELS

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A. DETERMINING HOUSEHOLD ELIGIBILITY AND BENEFIT LEVELS (7 CFR 273.10(a))

Eligibility and level of benefits for those submitting an initial application, reapplication or recertification must be based on circumstances reasonably anticipated for the months of eligibility.

Applicant households consisting of residents of a public institution who apply jointly for SSI and food stamps prior to release from the institution will have their eligibility determined for the month in which the applicant was released from the institution.

Because of anticipated changes, a household may be eligible for the month of application, but ineligible in the subsequent month. The household is entitled to benefits for the month of application even if the processing of its application results in the benefits being issued in a subsequent month. Similarly, a household may be ineligible for the month of application, but eligible in a subsequent month due to anticipated changes in circumstances. Even though denied for the month of application, the household does not have to reapply in the subsequent month. [The same application must be used for the denial for the month of application and the determination of eligibility for subsequent months, within the timeliness standards in [Part II.F.](#)]

As a result of anticipating changes, the household's allotment for the month of application may differ from its allotment in subsequent months. The local agency must establish a certification period for the longest possible period, as allowed by [Part IV.A.2.](#) over which changes in the household's circumstances can be reasonably determined. The household's allotment can vary month to month within the certification period to reflect changes determined at the time of certification. Benefits for the initial month or a subsequent month must be prorated from the day of application, the day the household provides the last verification or takes the final action, or the day the household establishes eligibility in accordance with [Part XIII.D.](#)

1. Household Composition

A household's membership for eligibility determination and benefit level is assessed as of the application date for the month of application or the first day of the month following entry or attachment to the household for ongoing eligibility. Refer to [Part VI](#) of this manual for guidelines in determining household composition.



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If any household member is included in another active food stamp case for the month of application, reapplication or recertification, eligibility for the remaining household members must be determined. The household member included in another case is added to the current case as soon as administratively possible.

The EW must add the individual to the gaining household for the earliest possible month after the move. However, if the person cannot be removed from the old household effective the following month, the person cannot be added to the new household until the person is deleted from the old one. For example, a member moves on June 28 and there is insufficient time to send advance notice effective July 1, so the deletion is effective August 1. A new member cannot be added to the household until the individual's income and resources have been determined and eligibility determined.

If the individual's move coincides with the gaining household's recertification, the new member is added in the same timeframes as though the change occurred during the certification period. The new member is added for the earliest possible month, and depending on the dates involved, the recertification may be processed without the new member being immediately included.

NOTE: Participation in more than one household in a month is prohibited, with the exception noted in Part VII for people who leave a household containing a person who abused them and enter a shelter for battered women and children.

When a household reports the loss of a member, the individual is deleted as soon as administratively possible. The EW has a maximum of 10 days to act on the change. A 10-day advance notice period must be provided if the deletion results in negative action.

When an individual is deleted from a household, the income and deductible expenses of the person must be deleted effective the same month, unless the provisions for considering income and expenses of ineligible or disqualified members are applicable.

## 2. Special Circumstances

**The EW must evaluate issues related to changes in the age of household members if the change occurs in the month of application or the month following the application filing date. The EW must evaluate any age changes that occur during the certification period at recertification/renewal. Except for the allowance of medical expenses, issues related to changes in age must be reflected the month after the household member's birthday.**



3. Income and Deductions (7CFR 273.10(c), FNS Waiver 910006)

The EW must calculate the allotment using the household members' anticipated income and deductible expenses.

The provisions of this chapter do not generally apply to households with self-employment or contract income. Household members whose income is from self-employment ([Part XII.A](#)) or a contract ([Part XII.F](#)) will have these types of income averaged as described in the chapters cited. The income is assigned to the months over which it is averaged. If a household member's status as a self-employed person or contract employee changes, the last month to consider income from those sources is the month the change in status occurs.

Households receiving monthly or semi-monthly income, such as state or federal assistance payments, or semi-monthly pay checks, must have the income assigned to the normal month of receipt, even if mailing cycles, weekends or holidays cause the income to be received in a different month.

For the on-line systems used to verify child support or unemployment benefits, mailing and processing days must be added to the payment dates shown to properly reflect the period of receipt for food stamp program purposes. Checks are prepared and mailed on the business day following the APECS disbursement date or the VEC warrant date. Two mail days must be allowed to determine the payment date and month of receipt. For support payments that are directly deposited in a bank account, the bank statement should be used to determine the payment date and month of receipt.

The EW must take into account the income already received by the household during the application process and any anticipated income the household and local agency are reasonably certain will be received during the months of certification. If the amount of income, or when it will be received, is uncertain, that portion of the household's income that is uncertain shall not be counted by the local agency.

For migrant and seasonal farmworker households, the judgement of the EW that income is reasonably certain to be received is to be based on formal or informal commitments for work for individual households, rather than on the general availability of work in an area. Also, income should not be based on an assumption of optimum weather or field conditions.



If the total amount of the income is unknown, the portion that the EW can anticipate with reasonable certainty is countable as income. The worker should not automatically project amounts of past income to the household or assume that current income will continue without exploring the situation with the household.

The EW must advise households to report all changes in gross monthly income, as described in [Part XIV](#).

For earned income sources, the EW must discuss the work patterns with the household by considering:

- the number of days and hours normally worked
- whether overtime pay is available or likely
- whether the job is subject to external forces, such as weather
- the number of days usually missed and if pay is affected

Work patterns or patterns of receiving income must be considered when determining income or in determining whether to average several monthly amounts to more accurately project future income. Document the decisions made regarding averaging, the exclusion or inclusion of certain amounts, etc.

For new income sources, the EW must determine rate of pay, the number of hours expected, pay date, pay period and date of receipt. Complete information must be known before counting the income. Estimating amounts by using the rate of pay multiplied by the expected number of hours is acceptable if representative pay stubs are not available. After the initial pay cycles are established, pay stubs or payroll records must be used to project the income unless the EW documents that the information is not representative and why an estimate should be used.

At initial application and reapplication, the income generally to count is the income verified for the calendar month before the month of application. For recertification applications, the income generally to count is the income verified for the month before the month certification ends. However, if the income for this period is not the amount the household expects to receive during the certification period, the EW must work with the household to determine the correct amount.

The EW must request income verification for at least the month before the application filing date, including establishing the onset and termination of income. For applications filed at the end of the month, the EW should also verify the income for the application month. If income amounts change by \$25 or more from one pay period



to the next, amounts from additional months may be needed to determine a representative amount to be used. The EW must document the decisions made.

If income fluctuates so much that the prior calendar month cannot by itself provide an accurate indication of anticipated income, a longer period of past time may be used if it will provide a more accurate indication of fluctuations in future income. The number of months used to arrive at an anticipated amount need not be the same as the number of months in the certification period.

If the household's income fluctuates seasonally, it may be appropriate to use the most recent season comparable to the certification period, rather than the calendar month prior to the month of application, as an indicator of future income. However, the EW should use caution in using income from a past season as an indicator of income now, since in many cases of seasonally fluctuating income, the income also fluctuates from one season in one year to the same season in the next year.

Past income may not be used as an indicator of future income when changes in income can be anticipated.

Whenever income is anticipated for every pay period in a month and it is received on a weekly or biweekly basis, the EW must convert the income to a monthly amount by multiplying weekly amounts by 4.3 and biweekly amounts by 2.15. If the household will receive less than a full month's pay, or if less than a full month's pay is to be counted for Food Stamp purposes, either the exact amount of income, if it can be anticipated, or an average per pay period times the actual number of pays, can be used.

Pay received on a daily basis must be converted to a weekly or biweekly amount and then converted to a monthly amount by multiplying the weekly amounts by 4.3 and the biweekly amounts by 2.15.

Reported changes are reflected according to the timeliness standards in [Part XIV](#).

#### B. EVALUATING EXPENSES (7CFR 273.10(d))

An expense is defined as a service provided by someone outside of the food stamp household for which a money payment is made. If a deductible expense is covered by an excluded reimbursement, as defined in [Part XI.F.6](#), or is paid by a vendor payment, as defined in [Part XI.F.3](#), no deductions will be given with the exception of certain energy assistance payments, as described in [Part X.A](#), and any payments that are also personal loans.

Methods of evaluating expenses are described below.



1. As billed - The expenses considered in determining shelter or dependent care costs are to be allowed only for the month the expense is billed or otherwise becomes due, regardless of when the household intends to pay **or actually pays** the expense. **Expenses paid in advance are allowed in the month the expense would have been due.** Amounts carried forward from past billing periods cannot be allowed as a part of the cost of shelter or dependent care even if included with the most recent bill.

Expenses incurred more frequently than on a monthly basis must be converted to a monthly amount by considering 4.3 weeks in a month or by considering the actual amount billed during the month.

Example

A household buys coal by the bag every 3 days, at \$3.00 per bag. By considering 4.3 weeks in a month, the expense is computed as follows:  $7 \div 3 = 2.33$  bags per week  $\times 4.3 = 10.02$  bags per month  $\times \$3 = \$30.06$ .

By considering the actual amount billed during the month, the expense is computed as follows: 10 bags purchased  $\times \$3 = \$30.00$ .

2. Averaged - Expenses which fluctuate from month to month and those which are billed less frequently than on a monthly basis can be averaged over the period of time the expense is intended to cover and reflected in the allotment calculation for those months. The certification period assigned would have no effect on the months in which the allowance is given. A one-time only expense can be averaged over the entire certification period.

Example

A household presents an oil bill of \$250. The oil was received in December and is expected to last until February. The expense of \$250 is averaged over 3 months, and \$83.33 is assigned to the months of December, January, and February and reflected in the allotment calculations for those months.

The household must be given the opportunity to choose between having expenses averaged or counted as billed.

3. Anticipated - Expenses for which the household anticipates to be billed during the certification period shall be allowed. These expenses can be treated as billed or averaged over the period the bill will cover. For example, if the household anticipates a bill



for property tax during the certification period, it can be allowed as a deductible expense in the month billed or averaged over the number of months the tax bill will cover.

Another example is utility expenses that fluctuate from month to month for households that opt to use actual utility costs. The EW may evaluate changes in the amount billed monthly by evaluating the previous year's bills for the same months in question updated by overall price increases. If a recent bill amount is the only information available, the EW may use the utility company's estimate.

Example

The household presents all oil bills received the past winter. The household expects the amount of oil to be the same this winter. The oil vendor gives the EW the current price per gallon. The EW may use the information to project the household's costs for the current season.

The EW may not average prior expenses to determine the expenses without considering whether the averaged amount actually reflects anticipated expenses.

4. Medical Expenses - At the time of certification, households must report and verify allowable medical expenses or, at recertification, report changes in expenses previously reported. Households may also report allowable medical expenses that the household expects to incur during the certification period.

Because of the different ways in which individual medical expenses are incurred, the method for counting each bill must be considered individually. Any portion of a medical expense that is reimbursable by insurance policies will not be given as a deduction until the household verifies the portion of the cost that is its responsibility. The portion of the cost that is not reimbursable will be allowed as a deduction at the time the reimbursement is received or otherwise becomes known, even though this may be in a later certification period.

When determining the monthly medical deduction, the agency must consider each of the methods described below for each expense.

**For a household comprised of elderly or disabled members who have a 24-month certification period, the agency must review the household's eligibility before the twelfth month. If the household reports a one-time medical expense incurred during the first 12 months, the agency must give the household the option of deducting the expense for one month, averaging the expense over the remaining months of the first 12 month or averaging the expense over the remaining months of the certification period. If the household reports a one-time expense after the twelfth month, the household may elect to deduct the expense in one month or over the remaining months of the certification period.**



- a. Lump sum deduction. The household may get a deduction for medical expenses as a lump sum in the month the expense is billed or become due or, for items such as drugs that have no billing, the month the household incurs the expense. If the household cannot establish a due date for an expense, the due date will be the month after the original billing date or incurred date.
- b. Averaging. One time medical bills may be averaged over the certification period in which they are billed or become due. At certification, it will be the household's option whether to count a one-time bill as a lump sum or to average it. If the household reports a one-time bill during a certification period, the household may have the deduction as a lump sum, if possible, or averaged over the remainder of the certification period and reflected as an expense for those months.

Example

A household with an elderly or disabled member reports a one-time only medical expense of \$325.00 on March 5. The household's certification period is February 1 through July 31. The household may choose to take the entire deduction in April, the month the change would be effective, or have the expense averaged over the remainder of the certification period.

Lump Sum Deduction:

\$325.00	one-time only medical expense
<u>-35.00</u>	
\$290.00	medical deduction for April

Averaged Deduction:

\$325.00 ÷ 4 months (April through July)	\$81.25
	<u>-35.00</u>
Monthly Medical deduction	\$46.25

For recurring medical expenses for which a bill is not customarily issued, a monthly amount can be determined by averaging costs for a past period of time that is long enough to include all the expenses. These recurring expenses include prescriptions, transportation costs to obtain medical services or pet food for an attendant animal. The averaged amount will serve as the medical expense.

Example

A client has 4 regular prescriptions. One is refilled every 6 weeks, one is refilled every 2 months, one is refilled every 3 weeks, and one is refilled as needed, usually once every four months. Prescription expenses from the prior 4 months include each of the expenses at least once. The total is \$180.  $\$180/4 \text{ months} = \$45$  average monthly expense.



- c. Expected rate of payment. Many persons make regular payments on large medical bills over a period of months or years. If regular payments on medical bills are arranged before the bill is overdue these may be allowed as medical deductions in the month the installment payment is due. (PIRS 81-27)

Example

In January, a new applicant reports an ongoing medical expense of \$50.00 per month. This is a payment on a hospital bill of \$1,000.00 that was incurred six months earlier. The client arranged the \$50 per month installment payment before the bill was considered past due. A balance of \$700.00 remains due. The expected rate of pay of \$50 per month may be allowed.

- d. Anticipated expenses

Allowable medical expenses which the household expects to incur during the certification period may be deducted. Reasonable estimates of the expected expense will be allowed for the certification period. The household is not required to report or verify further the actual expenses when it is incurred. An anticipated expense, for which adequate verification has been provided at certification, may be averaged over the certification period or allowed as a one-time expense.

C. COMPUTATION OF NET INCOME AND BENEFIT LEVEL

All households, except elderly and disabled households as described in [Part XI.A](#), must pass gross income prescreening. All households must meet net income eligibility standards.

Monthly gross and net income amounts are determined in the following manner:

- Step 1 List the household's total gross earned income. Include the total net income from self-employment enterprises (gross income from self-employment minus the allowable costs of doing business).

Note: Farm and fishing self-employment losses may be offset against other income. Subtract the farm or fishing loss from non-farm/fishing self-employment income. If the non-farm/fishing gain is greater than the farm or fishing loss, offsetting is complete. Apply this result toward the gross income total.



If the farm or fishing loss is greater than the non-farm/fishing gain, or if there was no non-farm/fishing self-employment income in the household, the negative balance of the calculation gain minus loss, or the farm or fishing loss will be applied against the adjusted gross earned and unearned income total.

- Step 2 List the household's total gross unearned income.
- Step 3 Total the adjusted earned income amount with the unearned income amount.
- Step 4 Subtract the excess farm or fishing loss, if any, from Step 1.
- Step 5 At this point, all households, except elderly, disabled or categorically eligible ones, must pass gross income eligibility limits listed in [Part XI.A](#). For elderly, disabled and categorically eligible households, and for all other households that pass gross income prescreening, continue the calculation in order to apply appropriate deductions to the case.
- Step 6 Subtract the earned income deduction. Compute the earned income deduction by multiplying the combined net self-employment and gross earned income figures by 20%.
- Step 7 Subtract the standard deduction **appropriate for the number of eligible members in the household.** ([Part XI.A.1](#))
- Step 8 Subtract dependent care costs. Do not exceed the maximum amount allowed. ([Part X.A.3](#))
- Step 9 Subtract legally obligated child support payments made by the household. ([Part X.A.6](#))
- Step 10 Subtract the shelter allowance for homeless households that incur or expect to incur shelter expenses during the month. No other shelter costs may be allowed (Step 12) if the shelter allowance is used.
- Step 11 List medical expenses of members eligible for this deduction. Compute the medical deduction by totaling the expenses and subtracting \$35. ([Part X.A.5](#))
- Step 12 The remaining figure is the adjusted net income. To compute the shelter deduction, compare shelter expenses to half the adjusted net income. If shelter expenses exceed half the adjusted net income, the excess shelter expenses can be allowed as a deduction under these guidelines:



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- a) If the household does not contain an elderly or disabled member, the excess shelter expense cannot exceed the maximum deduction for shelter ([Part X.A.4](#));
- b) If the household contains an elderly or disabled member, any amount of excess shelter expense can be allowed as a deduction.

**Step 13** Subtract the shelter deduction from the remaining income to determine the net income.

**Step 14** Round down to the nearest whole dollar amount if the net income amount ends in 1-49 cents. If the net income amount ends in 50-99 cents, round up to the nearest whole dollar amount.

Eligibility and benefit amounts are based on the net income. See [Part XI.A](#) for allowable net income standards and [Part XXIII](#) for the benefit amounts for each household size.

**D. PRORATION OF BENEFITS (7 CFR 273.10(a))**

The benefit level for the household for all applications, except timely filed recertification applications, will be based on the day of the month the household applies for benefits or, in some instances, the day the household supplies needed verifications or takes required actions. The date of application for persons in public institutions jointly applying for SSI and food stamps prior to release from the institution will be the day the person is released from the institution. Using a 30-day calendar, households will receive benefits prorated from the day of application, the day of eligibility, or the day actions/verifications are provided to the end of the month. (A household applying on the 31st day of a month will be treated as if it applied on the 30th day of the month.)

After using either table described below to determine the allotment, the worker must round the product down if it ends in \$.01 through \$.99. If this computation results in an allotment of less than \$10, then no issuance will be made for the initial month however, this month will count as the first month of the certification period. This policy applies to all eligible households, including one- and two-person households who otherwise would be entitled to a minimum allotment of \$10.

**1. Initial Month Benefits**

The initial month of application for the purposes of proration is defined as:

- a. The first month in which a household applies for benefits in a Virginia locality; or



- b. The first month in which a household files a reapplication for benefits, as defined in Definitions.

Examples

- 1) A household applies on July 15. The application is denied for July but approved for August. The application is processed within the initial 30-day period. The household must be given a full month's benefits for August.
  - 2) A household's certification period ended June 30. The household reapplies on August 15. The application is approved on August 20. Benefits for August would be prorated because August is the "initial month of application" as defined above.
- c. The first month after the 30<sup>th</sup> day in which an applicant household supplies any remaining verification or finally takes action needed to process the application.

Example

A household applies on July 15. The household fails to submit verifications or to take actions until August 20, 36 days after the application date. The household caused the processing delay so benefits must be prorated from August 20.

- d. The first month in which a household files an application for benefits following the end of the last certification period.

Example

A household's certification period ends June 30. The household files another application on July 15. If the household is determined eligible, benefits for July must be prorated.

NOTE: For migrant or seasonal farmworker households, the initial month's benefits will not be prorated if the household has participated in the Food Stamp Program anywhere within the 30 days prior to the date of application.



2. Proration for Special Circumstances

Food stamp benefits are generally calculated from the date of application or for an entire month. In some instances however, it may be necessary to calculate benefits and eligibility from a date other than the application date or the first of a month. The instances in which this proration is permitted follows.

- a. The head of the household quits a job or reduces work without good cause after an application is filed but before the household is certified. Benefits must be prorated for the period between the application date and the date of the quit or reduction, if the household is otherwise eligible.

Examples

- 1) A household applies on April 12. The head of household reduces his work hours on April 21 before the household is certified. The sanction is imposed on April 21; the household may be eligible for 9 days benefits for April, i.e., April 12-20, inclusive.
  - 2) A household applies April 17. The head of household quits his job on May 4, before the household has been certified. The sanction period begins May 4. The household may be entitled to April benefits prorated from the date of application and benefits for the first 3 days of May.
- b. The head of the household quit or reduced work without good cause resulting in the ineligibility of the household. The household reapplies before the sanction period expires. (The application must be denied if the sanction period does not expire during the month of application.) Benefits must be prorated from the day after the sanction period expires through the last day of the month.

Example

A household is sanctioned for voluntary quit. The last day of the sanction period is April 12. The household files a reapplication on April 9. April's benefits are prorated from the day after the sanction period ends, i.e., April 13.



- c. A reapplication is filed for a household that lost its eligibility because of the Work Requirement. The household will regain eligibility after the application date by completing a work activity within 30 days as required by [Part XV.C](#). Benefits must be prorated from the day after eligibility is regained through the last day of the month. (The application must be denied if eligibility is not regained during the month of application.)

Example

A one-person household, subject to the Work Requirement, received its three initial months of benefits during January, February and March. (The household was subsequently denied or it would have been denied because of the Work Requirement if an application had been filed.) A reapplication is filed on June 11 showing that the applicant started to work on May 17. It is projected that the applicant will have completed 80 work hours on June 15. Benefits must be prorated from June 16 if verification supports the claim that a minimum of 80 hours has been completed within the 30-day period.

- d. The head of the household failed to comply with requirements for work registration or the employment and training program requests and that failure results in the closure or suspension of the case. If the household reapplies after the sanction period but before the head complies, benefits must be prorated from the day after the member complies.

Example

A household is closed for three months because the head failed to attend an assessment interview for FSET. This was the second violation. The household reapplies on September 9. The head must still comply with the FSET requirement but does not do so until September 17. Benefits must be prorated from September 18 through the end of the month.

Proration of benefits from a date other than the application date, for the situations described here, is appropriate only when an entire household is penalized through disqualification or ineligibility. Individual household members must be reconnected to the ongoing case at the beginning of the month following the end of the sanction period or the date eligibility is regained.



3. Proration Charts

CHART 1

The following formula is to be used to determine the amount of the prorated allotment. Find the date of application, **the date actions/verifications are provided**, or date of entitlement in Column 1. Multiply the monthly benefit amount by Column 2.

<u>Column 1</u>	<u>Column 2</u>	<u>Column 1</u>	<u>Column 2</u>	<u>Column 1</u>	<u>Column 2</u>
1	1.0	11	.6667	21	.3334
2	.9667	12	.6334	22	.3
3	.9334	13	.6	23	.2667
4	.9	14	.5667	24	.2334
5	.8667	15	.5334	25	.2
6	.8334	16	.5	26	.1667
7	.8	17	.4667	27	.1334
8	.7667	18	.4334	28	.10
9	.7334	19	.4	29	.0667
10	.7	20	.3667	30	.0334
				31	.0334

CHART 2

The following table may be used to prorate a month's benefits that are calculated based on a specific number of days of eligibility, rather than calculated from a particular date to the end of the month. Column 1 is the number of days of eligibility; column 2 is the proration factor. Multiply the full month's allotment by the proration factor for the number of days for which benefits are being provided.

<u>Column 1</u>	<u>Column 2</u>	<u>Column 1</u>	<u>Column 2</u>	<u>Column 1</u>	<u>Column 2</u>
1	.0334	11	.3667	21	.70
2	.0667	12	.40	22	.7334
3	.10	13	.4334	23	.7667
4	.1334	14	.4667	24	.80
5	.1667	15	.50	25	.8334
6	.20	16	.5334	26	.8667
7	.2334	17	.5667	27	.90
8	.2667	18	.60	28	.9334
9	.30	19	.6334	29	.9667
10	.3334	20	.6667	30	1.0
				31	1.0



PART XIV

HANDLING CHANGES

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## A. CHANGES DURING THE CERTIFICATION PERIOD

When changes occur within the certification period that affect the household's eligibility or the amount of the benefit allotment, the agency must act to adjust the household's benefit level. The responsibility for changes lies with both the recipient household and the local agency. The household must report certain changes in income and household status; the local agency must act to make adjustments in entitlement and benefit level based on reported changes and for changes the agency initiates. Unless prohibited, certified households must file an Interim Report about their circumstances during the certification period.

1. Changes that Must Be Reported

Certified households must report the following changes in their circumstances:

- a. A new physical or mailing address.
- b. When the total income exceeds the gross income limit based on household size at the time of certification, the Interim Report evaluation, or a change reported during the certification period. The income limits are:

Household Size	<u>Income Limits</u>			
	Monthly Amount	Weekly Amount	Bi-Weekly Amount	Semi-monthly Amount
1	\$1,037	\$241.16	\$ 482.32	\$ 518.50
2	1,390	323.25	646.51	695.00
3	1,744	405.58	811.16	872.00
4	2,097	487.67	975.34	1,048.50
5	2,450	569.76	1,139.53	1,225.00
6	2,803	651.86	1,303.72	1,401.50
7	3,156	733.95	1,467.90	1,578.00
8	3,509	816.04	1,632.09	1,754.50
<b>Additional members</b>	<b>+ \$354</b>	<b>+ \$82.32</b>	<b>+ \$164.65</b>	<b>+ \$177.00</b>

- c. Persons exempt from time-limited benefits of the Work Requirement because they are working for an average of 20 hours per week must report when their work hours fall below 20 hours weekly.

Households that receive benefits through the Transitional Benefits component for former TANF recipients do not have to report changes except changes in their address.

Households must report the changes listed above within 10 calendar days from the date the household knows of the change or, at the



latest, 10 days into the next month after the month the change occurs. The 10-day reporting period will begin the day the household knows of the change. If the household is uncertain of the exact date or amount of the change, then the 10-day reporting period will begin the day the change occurs.

The household may report a change on the Change Report Form, by telephone, by personal contact, by mail, or electronically. The household may also report a change of its circumstances with the filing of the Interim Report. A household member, an authorized representative, or any person having knowledge of the household's circumstances may report the change to any staff member of the local agency. When the household reports the change by mail, the report will be timely as long as the postmark of the letter is within the required 10-day period regardless of when the local agency receives the information.

During the interview, the EW must advise an applicant of the responsibility to report changes within the required period and of the changes the household must report. The EW must provide the household the telephone number of the food stamp office and, if necessary, a toll-free number or a number for accepting collect calls from households outside the local calling area.

The local agency must provide the Change Report Form to each household at initial application and reapplication and when the agency alters the household size. Additionally, the local agency must provide the form at recertification, if the household needs another form, and whenever the household returns a form or reports a change in the number of household members. The EW must discuss use of the form with the household during the interview.

An applying household must report changes related to its Food Stamp eligibility and benefits at the certification interview. The household must report the changes noted at the beginning of this chapter that occur after the interview but before the date of the Notice of Action to approve the case within 10 days of the date of the approval notice.

2. Local Agency Action on Changes (7 CFR 273.12(c), 273.2(f))

Except when households receive Transitional Benefits for former TANF recipients, the agency must act promptly to terminate or to adjust benefits when changes in household circumstances are reported by recipient households, including information about an impending change reported at application/renewal. For Transitional Benefits cases, the EW must input changed information in ADAPT during the Transitional Benefits period but grant benefits in the frozen amount calculated when the TANF case closed by using the override feature of ADAPT. (See [Part XII.H.](#))



**The food stamp case must reflect the following changes:**

- changes reported by the household;
- changes put into ADAPT to meet reporting or policy requirements of another program;
- changes to prevent duplicate participation; and
- changes that are considered verified upon receipt, such as information about the removal of a child from the home by a foster care worker or information from a drug treatment center that says a client moved.

Other information may become known to the agency through other means than listed above. If the change is one that the household was required to report, the agency must act on the information. If the change is a change that was not required to be reported, the agency must hold the information and evaluate it at the next interim report or renewal, whichever comes first.

The [Appendix](#) to this chapter contains charts that outline the procedures for handling changes reported or discovered during the certification period.

The agency has 10 days from the date the agency learns of the change to act on the change. When the reported change requires a reduction, termination or suspension of benefits, the EW must issue an advance notice within 10 calendar days, beginning with the date the agency receives the change, unless one of the exemptions for mailing the notice in [Part XIV.C](#) is applicable. In these cases, depending on the change, the agency must send an adequate notice if a notice is required at all.

[Part III.F](#) contains required agency actions needed in response to information obtained through IEVS. The household or the source of information must verify unverified information received through IEVS. If the agency opts to obtain verification from the household, the agency must request the information in writing and allow the household 10 days to respond. The agency must send an advance notice to terminate the case if the household fails to respond timely.

If the household reports the addition of a new member, that person may not be included in the allotment until the agency knows the income and resource information about the individual.

#### Required Supplemental Allotments

If the reported change requires an increase in the household's benefits, the change must be reflected no later than the first allotment issued ten (10) days after the date the change was



reported. However, if the increase in benefits is a result of the addition of a new household member, or is the result of a decrease of \$50 or more in the household's gross monthly income, the agency must reflect the change no later than the month following the month in which the change was reported. If it is too late in the month to adjust the upcoming month's allotment, it will be necessary to issue a supplementary allotment by the 10th of the upcoming month.

#### Voluntary Supplemental Allotments

At its option, the local agency may give supplemental for individual household changes in the month of the changes. The agency may not give supplemental allotments for household composition changes. The agency may give supplemental allotments for income reductions or increased shelter, medical or dependent care expenses.

If the agency opts to provide supplements, the agency must give the supplements for all similar situations, e.g., medical expenses more than \$100, loss of income or income reductions of \$200 or more, etc.

#### Changes and Verification

**Households may need to verify information that changes during the certification period. See [Part III.E](#) for a discussion of verification requirements for changes unrelated to the Interim Report process. See [Part XIV.B.2.c](#) for a discussion of verification requirements for changes related to the Interim Report.**

#### Request for Verification

Whenever the agency learns of a change or a potential change in the household's circumstances during the certification period, the local agency must determine the impact of the change on the household's eligibility and benefit level. The EW must initiate the review of the change within ten days of the notification of the change.

The EW must prepare and send the *Request for Verification/Missed Interview* form to the household's address. The EW must complete the form to request information or to request that the household complete an action within ten calendar days. See [Part XXIV](#) for a copy of the verification form.

#### a. Timely Response - No change Reported

If the household responds timely to the *Request for Verification/Missed Interview* form and there are no changes in the household's circumstances, the EW must take no other case action related to the change report.



b. Timely Response - Changes Reported

The EW must send the household a *Request for Verification/Missed Interview* form when a household must clarify its situation or provide additional information. The household has ten days to provide the requested information. If the household responds to the agency request for information within the ten-day limit and reports changes in its circumstances, the agency must evaluate the changed information within ten days of receiving the information. If the change results in an increased allotment, the EW must send the Notice of Action to show the allotment change for the next month. If the agency provides voluntary supplemental allotments for similarly reported changes, the EW must approve the supplemental allotment for the current month, in addition to the change for the next month. If the change results in a reduction or termination of benefits, the EW must send the household the *Advance Notice of Proposed Action* or the *Notice of Action* to allow a minimum of ten days for the household to appeal before the reduction or termination becomes effective.

c. Untimely Response - No Changes

The EW must send a food stamp household a *Request for Verification/Missed Interview* form when a household must clarify its situation or provide additional information. The household has ten days to provide the requested information. If the household does not respond within the ten-day period, the EW must send the household an *Advance Notice of Proposed Action* or *Notice of Action* to close the case. If the household responds before the effective date of the closure and there are no changes in the household's circumstances, the EW must rescind the adverse action notice and reinstate the case in ADAPT.

d. Untimely Response - Changes Reported

The EW must send a household a *Request for Verification/Missed Interview* form when a household must clarify its situation or provide additional information. The household has ten days to provide the requested information. If the household does not respond within the ten-day period, the EW must send the household an *Advance Notice of Proposed Action* or *Notice of Action* to close the case. If the household responds after the reporting period but before the effective date of the closure, and reports changes to its circumstances, the agency must review the change report and determine the impact, if any, on the household's eligibility or benefit level. If the household remains entitled to an allotment in spite of the information, the EW must send a *Notice of Change* to increase benefits from zero to the revised amount.



e. No Response to the Request for Verification

If the household does not respond to the request for information by the tenth day, the EW must send the household an adverse action notice to close the case. The basis for the case's closure will be the household's failure to provide verification.

If the verification request form is undeliverable by the post office because of the address, the EW must send the verification request to the new address, if one is supplied by the post office and the new address is in the same Virginia locality as the EW taking the action. If a returned address indicates that the household is no longer in the locality, the Eligibility Worker must close the case. Depending on when the changes occurred in a household's circumstances, the agency might need to file a claim for benefits that the household incorrectly received.

Suspension

When changes cause a household to become ineligible and it appears that the ineligibility will be temporary, the agency may suspend benefits for one month rather than close the case. The EW must send *An Advance Notice of Proposed Action* to suspend unless the change meets one of the exceptions for sending the notice. After the month of suspension, if ineligibility continues, the EW must close the case. The agency must send another *Advance Notice of Proposed Action*. If the ineligibility is indeed temporary, the EW must reinstate the case effective the month following the suspension.

3. Changes in Public Assistance (7 CFR 273.12(f))

**The provisions described in this section do not apply to households converting to Transitional Benefits when the TANF case closes.**

If a change for a PA case requires either a reduction or termination in public assistance benefits and reduction or termination in food stamp benefits, the agency must issue a single *Advance Notice of Proposed Action* for both the public assistance and food stamp actions. If the household requests a fair hearing within the period provided by the *Advance Notice of Proposed Action*, the agency must continue the household's food stamp benefits on the basis authorized immediately before sending the notice. The household must reapply for food stamp benefits if the certification period expires before the fair hearing process is over however. If the household does not appeal, the change goes into effect according to the procedures specified in [Part XIV.A.2.](#)



If any household's benefits will increase as a result of the reduction or termination of public assistance benefits, the EW must not take any action to increase the household's food stamp benefits until the household decides whether it will appeal the public assistance adverse action. If the household decides to appeal and its Public Assistance benefits continue, the household's food stamp benefits must continue at the previous allotment amount. If the household does not appeal, the EW must make the change effective according to the procedures in [Part XIV.A.2](#) except the date the notification of the change is received is the day after the date the Public Assistance *Advance Notice of Proposed Action* expires.

If a change results in the termination of a household's Public Assistance benefits and the EW does not have enough information to determine how the change affects the household's food stamp eligibility or benefit level, the EW must take the following action:

- a. When the EW sends the PA *Advance Notice of Proposed Action* the EW must wait until the notice period expires or until the household requests a fair hearing, whichever occurs first. If the household requests a fair hearing and the Public Assistance benefits continue pending the appeal, the household's food stamp benefits must continue at the previous allotment amount.
- b. If a PA *Advance Notice of Proposed Action* is not required or the household decides not to request a fair hearing or continuation of PA benefits, the EW must send the household a *Request for Verification/Missed Interview* form to seek information or clarification from the household. If the household does not respond within ten days, the EW must send an adverse action notice to close the case.

In cases jointly processed in which the SSI determination results in denial, and the local agency believes that food stamp eligibility or benefit levels may be affected, the local agency must send the *Request for Verification/Missed Interview* form for the household to clarify its situation within ten days. The EW must close the case if the household does not respond to the verification request.

4. Mass Changes (7 CFR 273.12(e))

A mass change is one that affects the entire caseload or significant portions of the caseload. The State or Federal Government will periodically initiate a change of this type. Mass change notices are not required if the change does not affect any current allotments, such as an increase in net income limits. For



mass changes that only affect benefits for a portion of the caseload, the agency may opt to send notices to the households potentially or actually affected by the change only instead of the entire caseload. These changes could include a mass change in TANF grant amounts.

For mass changes that result in a reduction or termination of benefits, the agency does not need to send an *Advance Notice of Proposed Action*. Each household must receive an individual notice that a change will occur however.

The local agency must prepare the mass change notice and issue the notice to households if the agency uses a general notice. The local agency must submit the notice to the Regional Specialist for prior approval. Households must receive the notice no later than the benefit availability date. The state office may periodically issue mass change notices.

Minimal information needed on the mass change notice includes:

- a. the general nature of the change;
- b. examples of the change's effect on allotments;
- c. the month in which the change will take effect;
- d. the household's right to a fair hearing;
- e. the household's right to continue benefits as long as its appeal is filed in a timely manner and the issue appealed is the improper computation of Food Stamp eligibility or benefits, or the misapplication or misinterpretation of federal law or regulation;
- f. general information on whom to contact for additional information; and,
- g. the liability the household will incur for any overissued benefits if the fair hearing decision is adverse.

Instead of the above notice, the agency may send each household an individual *Notice of Action*.

Mass changes include (7 CFR 273.12(e)):

- a. Adjustment to the maximum allowable monthly income.
- b. Adjustment to the shelter cost deduction.
- c. Adjustments to the dependent care deduction.



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- d. Adjustment of the utility standard.
- e. Adjustment of the standard deduction.
- f. Adjustment of the full coupon allotment.
- g. Cost-of-living adjustments in Social Security and SSI benefits.
- h. Any other cost-of-living adjustments in benefits such as VA or Black Lung, when the State notifies local agencies that a change will be a mass change.
- i. Mass changes to TANF or GR grants.
- j. Monthly supplements to TANF grants based on the receipt of child support issued at the beginning of the month.

Many of the mass changes listed in this section may be effective on October 1 of each year.

Local and state agencies will receive instructions for implementing mass changes as the changes occur.

5. Failure to Report Changes

Households must report certain changes in circumstances as specified in [Part XIV.A](#). If the EW discovers during the certification period that a household failed to report a change as required and, as a result, received benefits to which it was not entitled, the EW must issue an Advance Notice of Proposed Action and establish a claim against the household according to [Part XVII.A](#) if the agency has enough information to determine ineligibility or the new benefit level. If the agency does not have enough information to determine a new benefit level or ineligibility, the EW must send the *Request for Verification* to allow the household ten days to clarify information or to supply verification. The household must supply information or take required action within ten days or the EW must close the case. The EW will have ten days to act on the change from the date the agency learns of the change.

The agency may not disqualify household members for failing to report a change. In addition, the agency may not file a claim against a household for failure to report a change that it is not required to report.



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6. Reductions or Terminations Due to Disqualification (7 CFR  
273.11(c) (3))

When the agency determines that an individual is ineligible within the household's certification period, the EW must determine the eligibility or ineligibility of the remaining household members.

- a. If a household's benefits are reduced or terminated within a certification period because one of its members was disqualified due to intentional program violation, the EW must notify the remaining members of their eligibility and benefit level at the same time the excluded member is notified of his or her disqualification. The household is not entitled to an *Advance Notice of Proposed Action*, but may request a fair hearing to contest the reduction or termination of benefits, unless the household has already had a hearing on the amount of the claim.
- b. If a household's benefits are reduced or terminated within the certification period because one or more of its members is **disqualified, as addressed in Part XII.E**, the EW must issue an *Advance Notice of Proposed Action* that informs the household of the **disqualification**, the reason for the **disqualification**, the eligibility and benefit level of the remaining members and the actions the household must take to end the **disqualification, if appropriate**.

7. Retention of Cases When Households Temporarily Leave Project Area

The provisions of this section will not apply to households with active TANF, Refugee Assistance, **or Medicaid cases in ADAPT** if the agency transfers a TANF or Refugee Assistance case.

When a participating household is forced to seek temporary housing outside the city/county of usual residence, but still in Virginia, the original locality may, at its option, keep the food stamp case in an active status for up to two calendar months after the move to another Virginia locality. **The local agency must transfer the food stamp case at the end of the second month if the household does not return to the original locality, provided the household maintains contact with the agency. The agency must transfer the case** even if the household intends to return to the locality.

Changes to reflect the new address, shelter costs, income, household composition, or any other reported changes must be acted on and verified, if necessary, in accordance with the "Local Agency Action on Changes" section of this chapter **and Part III.E**.



The EW should consider the distance to the household's temporary address in deciding to keep a case active after the move from the locality. If the distance and/or other concerns such as inadequate transportation would hinder continued participation, the EW should **transfer** the case. The EW must close the case if the household requests closure.

This policy only applies to ongoing cases, including households due for recertification. Newly applying and reapplying households must file applications in the current locality of residence. If the household moves while an application (new or reapplication) is pending, the original locality must determine eligibility for the month of application and any other month during which the household was in the locality on the first day of the month **and then transfer the case.**

**8. Transfer of Food Stamp Cases**

**When a household moves from one Virginia locality to another, beyond a temporary move as addressed in subsection 7 of this chapter, the agency must generally transfer the case to the other Virginia locality. There must be no break in certification and the issuance of benefits for affected households.**

**a. Cases to Be Transferred**

The transferring agency may generally transfer any certified, ongoing food stamp case with at least one month remaining in the certification period. These cases may include regularly certified cases and cases receiving transitional benefits. The transferring agency must complete any processes related to the Interim Report and postponed verifications for applications certified under expedited service processing.

If a household moves while an application/renewal is pending, the transferring agency must process the application and generate benefits for any month the household was residing in the locality. After the application has been processed, the transferring agency must transfer the case to the new locality.

In some instances, an agency may request a closed case file when a household reapplies for benefits in another locality. The transferring agency must also honor the request for a closed case file and transfer the case file promptly.

**b. Cases that Cannot Be Transferred**

Local social services agencies must not transfer food stamp cases in the following instances:



- The household moves from a Virginia locality to another state. The EW must close the case.
- There is a pending application/renewal. The original agency must process the application. The agency must secure sufficient information to process the application unless the applicant elects to withdraw the application.
- The certification period has expired or will expire within the month and the household has not filed an application for recertification.
- A case is suspended because of ineligibility unrelated to the move from the locality that is projected to last one month. Resolve the issues that lead to the projected ineligibility and then either close the case or transfer it to the new locality.
- A case is suspended because of the Interim Report process. Resolve any issues related to the Interim Report. Reinstate the case and then transfer the case if the household remains eligible.
- There is a loss of contact with the household but the agency has information that the household no longer resides in the locality.

c. Case Transfer Process for the Transferring Agency

Within five working days after being notified that a household has moved from the locality, the EW must complete a desk review of the case. The desk review is to ensure that documents are properly filed; the record is complete and orderly; and that documentation of case actions is complete. The EW must also review the accuracy of the benefit amount in relation to the reported move. The EW must complete the address change but must make no other changes unless the household reported or the agency has information about other changes such as household composition, income or shelter expense changes that result from the move or reported before the move occurs. The EW must provide sufficient documentation to advise the receiving agency to initiate claims collection activities after the transfer occurs. The case documentation must also support ongoing collection actions.

While the assessment of the case must take place within five days of the reported move, there are instances when the



transferring agency must wait a month before completing the transfer. The final assessment of the case must take place after the handling of postponed verifications for an expedited case or after the processing of the interim report. The final assessment of the case may take place as late as a month after the report of the move.

If the household reports changes in household circumstances, verification of the changed elements may be needed before the second month, by the next recertification, or for the Interim Report, depending on the impact of the changes on the allotment. Verification will be needed before the second month if the food stamp allotment will increase because of the reported changes. The transferring agency must notify the household on the *Notice of Action* that reflects the allotment change to provide the new verifications to the new agency. The transferring agency must also notify the receiving agency on the *Case Record Transfer Form* to obtain the verification or change the allotment back to the original amount.

The EW must complete the *Case Record Transfer Form* and forward it to the receiving agency. The transferring agency must transfer the entire case file. At its option, the agency may keep photocopied or other duplicates of case documents. The transferring agency may not keep any of the original documents from the case file except when the transferring and receiving agency both use the Ez-filer system or when there is an ongoing claims investigation in which case the agency may keep applicable case information and send a copy of the documents to the receiving agency or make arrangements to secure the necessary documents later from the receiving agency.

The EW must complete a *Notice of Transfer* form to notify the household of the transfer of the case. The EW must send the Notice of Transfer to the household along with a *Change Report* form.

The transferring agency must deliver the intact case file to the receiving agency by certified mail, by authorized courier service, or hand delivery by local agency personnel. The transferring agency must obtain a receipt for the case file from the receiving agency. Note: If the transferring and receiving agency both use the Ez-filer system, the transferring agency may send a compact disk of the case information if that is acceptable to the receiving agency. If the receiving agency does not use the Ez-filer system, the transferring agency must print the case information and send the documents to the receiving agency.



d. Case Transfer Process for the Receiving Agency

Within five days of receiving a case file transferred from another Virginia locality, the receiving agency must complete a desk review and determine the continued eligibility and benefit level of a case transferred to the agency. The receiving agency must contact the household to confirm the household's new address and any changes previously shared with the transferring agency if there are references to new eligibility elements that may have changed as a result of the move. The household is not required to report or verify any eligibility elements that may have changed as a result of the move beyond the mandatory reporting elements (i.e., income that exceeds the gross income level and number of work hours for persons whose benefits would be time-limited).

The receiving agency will be responsible for all future processes related to the transferred case, including such actions as but not limited to, sending the *Notice of Expiration* for the end of the certification period, receiving applications for continued benefits, establishing claims or providing restoration, or responding to quality assurance or hearing officer requests.

B. INTERIM REPORT FILING

All households must file an Interim Report by the sixth **or twelfth** month of the certification period unless they are exempt from filing as noted below. Household composition and financial circumstances at the time of application will be the basis of the food stamp benefit amount for the first half of the certification period unless the household reports a change during the certification period **before the Interim Report period**. The household composition and financial circumstances reported on the Interim Report will be the basis of the food stamp benefit amount for the remainder of the certification period unless the household reports additional changes after filing the Interim Report.

1. Exemption from Filing

The following households are exempted from filing an Interim Report:

- a. Households where:
  - there is no earned income;
  - all adult members are 60 years of age or older or are permanently disabled, as defined in Definitions; **and**
  - **the certification period is 12 months or less.**
- b. Households in which all members are homeless, as defined in Definitions.



- c. Households with at least one adult member who is a migrant or seasonal farm worker. See Definitions.
- d. Households in which any member is eligible for time-limited benefits because of the Work Requirement. To meet the Interim Reporting exemption, the members must be exempt from the Work Requirement because of the Special Exemption Months category only and may not meet any other Work Requirement exemption. See [Part XV](#).
- e. Households that receive Transitional Benefits for former TANF recipients.

2. Interim Reporting Filing

A household that is required to file the Interim Report must have a 12- **or 24**-month certification period. On or about the twentieth of the fifth **or eleventh** month of the household's certification period, the Virginia Department of Social Services will create and mail the Interim Report to all households identified by the EW in ADAPT. Upon identifying cases due an Interim Report and producing information for the Interim Report each month, the ADAPT system will suspend the case's eligibility. A list of cases sent the Interim Report and a copy of the Interim Report for the household will be available online to the local agency.

a. Household Responsibilities

The household must complete the Interim Report and return it to the local agency by the fifth day of the sixth **or twelfth** month. If the household reports a change in its circumstances, the household must supply verification of the changed elements. If the household fails to verify changed deductible expenses, the household will not get credit for the unverified expenses. The household must provide additional information or verifications as requested by the local agency within the time allowed. Any responsible household member or authorized representative may complete the Interim Report.

b. Agency Responsibilities

The local agency must review the list of cases sent the Interim Report against the returned forms. If a household fails to return the form by the fifth day of the sixth **or twelfth** month of the certification period, the agency must send the household another form along with the *Interim Report Form - Request for Action* form. The household will have ten days from the mail date to return the second Interim Report.



The agency must assess Interim Report forms returned from households for completeness, accompanied verifications and reported changes. If the returned Interim Report is incomplete or lacks required verifications of reported changes, the agency must send the *Interim Report Form - Request for Action* form and the original Interim Report to the household. The household will have ten days to supply information, verification, or to complete the form. The agency must photocopy the incomplete Interim Report before sending the form back to the household.

The agency must consider the report incomplete if:

- The Case Name, head of the household, responsible household member or authorized representative has not signed the form;
- The household fails to submit verification of earned income, or changes in unearned income, resources or residency; or
- The household fails to provide information needed to determine eligibility or benefit level.

The EW must use reasonable judgement to determine if the Interim Report is incomplete. For example, if the household marks "No Change" on the form for income but supplies new pay stubs, the report should not be considered incomplete. Similarly, if a household without elderly or disabled members notes the presence of medical expenses but does not provide verification, there is no need to request verification because the household is not entitled to a deduction.

If the household fails to return a **completed** Interim Report or fails to provide needed verification, **ADAPT will automatically close the case at the end of the seventh or thirteenth month if the EW has taken no other action on the case. In order for the automatic closure to occur, the EW must leave the case suspended for the seventh or thirteenth month.** The household will not receive benefits beginning with the seventh **or thirteenth** month. The agency does not need to send either an advance or an adequate notice when the household fails to submit a completed Interim Report or fails to take required actions or to supply requested verifications.

c. Verification Requirements

In order to determine eligibility for the second half of a certification period, the household must supply verification of eligibility factors. The household must provide the following:



- Proof of earned income. Verification is needed of all earned income even if the household reports an unchanged amount or source. At a minimum, the household must provide earned income from the month the Interim Report is prepared (Month 5/**Month 11**). If the amounts presented for this period are substantially different than the amounts presented at certification or the last reported change during the certification period, the EW must request additional verification, which likely should include pay stubs for the month the Interim Report is due (Month 6/**Month 12**). The verification requirement includes obtaining proof of terminated earned income.
- Proof of changed unearned income amounts or source;
- Proof of changed resource amounts or source
- Proof of changed shelter, medical, or dependent care expenses. The household will not get a deduction for the expense without verification. The household must supply verification only if it is entitled to the deduction however.
- Proof of changed child support obligations or expenses; and,
- Proof of other elements. The household may need to verify other eligibility elements reported on the Interim Report as needed.

Note: The household does not need to submit verification of self-employment or contract income that has been averaged.

d. Calculation of Benefits

The EW must make adjustments, as needed, to reflect information from the Interim Report in a household's eligibility and benefit level effective the seventh month. While the household must supply verification of earned income from the month before the Interim Report is filed, the EW may need additional pay verification from other months, including the current month, to determine a reasonable monthly average. Using a wider average may also be appropriate for unearned income sources or other changeable elements. For income sources that have been averaged over a year or other period, the previously verified monthly average must continue to be used.



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The EW must notify the household of the benefit calculation based on the Interim Report for the second half of the certification period and act to reinstate the case in ADAPT after the evaluation of the Interim Report. The agency must provide an adequate notice to notify the household of the benefit calculation.

C. ADVANCE NOTICE OF PROPOSED ACTION

The household must receive written notice prior to any action to reduce or terminate benefits within the certification period. The advance notice period is 10 days and begins with the day following the date the notice is given or mailed to the household.

The agency may use the Notice of Action for this purpose, unless benefits in both TANF and Food Stamps are being reduced or terminated simultaneously. In that case, use the Advance Notice of Proposed Action. Both forms and instructions are in [Part XXIV](#). The Appeals and Fair Hearings pamphlet must be provided if computer-generated versions of the forms are used.

The following chart indicates which IEVS or other matches or inquiries require independent verification before advance notice can be sent:

<u>Source</u>	<u>Independent Verification?</u>
Virginia Employment Commission (VEC) Unemployment Benefits	No
VEC-Earnings	Yes
BENDEX - OASDI Benefits	No
SDX - SSI Benefits	No
Internal Revenue Service - Unearned Income	Yes
BEERS - Earned Income	Yes
Social Security Number Match	No
Operation Talon (a match with law enforcement agencies to detect fleeing felons or parole/probation violators)	No
SVES:	
Work credits/quarters	No
Prisoner files	Yes
Unearned income received through SSA	No



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Neither an advance notice nor an adequate notice is necessary when (7 CFR 273.13(b)):

1. All members of the household have died.
2. The household has moved from the locality, except in those situations where the agency **transfers the case or** opts to retain the case as allowed by [Part XIV.A.7](#).
3. Restoration of benefits is complete and the household had previous notification when the increased allotment would terminate.
4. Allotment fluctuates monthly due to anticipated changes and the household had prior notice at the time of certification.
5. Simultaneous applications were made for TANF/GR and food stamps and the household was notified that receipt of financial assistance could reduce the benefit level.
6. A household is given a normal certification period under expedited service contingent on the receipt of postponed verification, provided the household receives written notice that benefits may be reduced or terminated upon receipt of the postponed verification or if verifications postponed are not received.
7. A household's benefits were increased based on a reported change and are decreased to the original amount when no verification is received, as long as the household was advised at the time of the increase. (See [Part XIV.A.2](#).)
8. All members have moved into an institution that does not meet the requirements of [Part VII.C.1a-d](#).
9. The household voluntarily requests to end its participation in the Food Stamp Program or requests to end Transitional Benefits and makes the request in writing or in the presence of an EW. If the household does not provide a written request, the local agency must send the household a letter to confirm the voluntary withdrawal.
10. A participating household fails to respond to a demand letter requesting repayment of a claim and benefit reduction is invoked.
11. The household fails to return a completed Interim Report provided the agency mailed the household an *Interim Report Form - Request for Action* form and another Interim Report or the original incomplete form.

In instances where the agency does not need to send a notice if the household had prior notice of the change, the agency must send an advance notice if the household did not receive a notice.



In addition, the advance notice is not necessary when a change is reported before the beginning of the certification period even though the Notice of Action to inform the household of approval may have already been sent.

Example

A household files for recertification and is approved on July 18. A Notice of Action is given on this same day. The new certification period is to begin August 1. On July 25, the household reports a change that would decrease August's benefits. The Advance Notice of Proposed Action is not required. Instead, a revised Notice of Action is sent.

The advance notice may be retracted if it is mailed by mistake. It may also be retracted if it becomes unnecessary because the household's situation changes during the advance notice period. The household must be informed of the retraction.

If an advance notice is mailed giving erroneous information, a corrected notice must be mailed. If the new allotment will be more than that which the household has already been told, continue with the original effective date. If the new allotment amount will be less than that which the household has already been told, begin the 10-day advance notice period again.

Example

An advance notice is mailed on October 20 to decrease benefits to \$50. The new amount should have been \$45. A corrected notice is mailed on October 25.

Decrease benefits to \$50 effective November 1.  
Decrease benefits to \$45 effective December 1.

D. ADEQUATE NOTICE

The time for providing adequate notice of a change in benefits is by the time the changed benefits are received by the household, or, if benefits are terminated, by the time the benefits would have been received had the case not been closed. The *Notice of Action* is to be used for this purpose. The form and instructions for its use are in [Part XXIV](#).

In the following situations, while an advance notice is not required, adequate notice is necessary when:

1. Certain mass changes take place. (See [Part XIV.A.4.](#))



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2. A waiver to an *Advance Notice of Proposed Action* is signed because continuing the original benefit amount will result in a claim for which the household may be required to repay. The EW must explain to the household that it is the household's choice whether or not to sign the waiver.
3. A household is converted from cash and/or a voluntary benefit repayment of a claim to benefit reduction. (See [Part XVII.F.](#)).
4. Benefit reduction is invoked when a participating household responds to a demand letter by requesting renegotiation of the repayment schedule but the agency determines renegotiation is not warranted. (See [Part XVII.F.](#))
5. The person is a resident of a drug or alcoholic treatment center or group living arrangement and the facility loses its FNS authorization or its certification from the appropriate State or local agency.

Note: Residents of group living arrangements applying on their own behalf are still eligible to participate.

6. A household member is disqualified for fraud, or the benefits of the remaining household members are reduced or terminated to reflect the disqualification of that household member.
7. The local agency determines that, based on reliable information, the household will not be residing in the locality as of the first day of the next month unless the **agency opts to retain the case, as allowed by [Part XIV.A.7](#), or unless there is sufficient information to allow the agency to transfer the case, as allowed by [Part XIV.A.8](#).**
8. A certified household's address is unknown and mail has been returned by the post office indicating no known forwarding address.
9. A household files a timely request for a fair hearing and requests continuation of benefits in response to a prior notice to reduce or terminate benefits.
10. A household is due a revised amount of benefits or the household is not eligible for benefits based on the evaluation of a completed Interim Report.
11. A household becomes ineligible for Transitional Benefits, such as when it reapplies for TANF assistance.



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E. ODD SUPPLEMENTAL ALLOTMENTS

There will be occasions when a household is entitled to an odd allotment of \$1.00, \$3.00, or \$5.00. This can occur when a household reports a change that requires that a supplemental allotment be given ([Part XIV.A](#)), when a replacement allotment is given because stamps were reported as destroyed ([Part XVIII](#)), when restoration of lost benefits is given ([Part XVI.A](#)), or when an allotment reduction calculation results in an entitlement to \$1.00, \$3.00 or \$5.00 ([Part XVII.F](#)).

When an EW determines entitlement to a \$1.00, \$3.00, or \$5.00 allotment, the authorization document must reflect the higher even dollar amount. The EW must document the case record to explain the discrepancy. In an allotment reduction situation, the amount credited toward the claim must reflect the higher even dollar amount that was issued.

Example

A household is eligible for a \$13 allotment. The allotment reduction formula requires \$10 to be recouped. However, \$13 minus \$10 equals \$3, which must be raised to \$4 for issuance purposes. The agency therefore posts a \$9 allotment reduction (\$13 minus the \$4 actually issued equals a \$9 reduction).



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CHANGES IN INCOME, DEDUCTIONS, RESOURCES

Within 10 days of the report, the EW must:

- \* Determine the amount:
  - Income: Frequency, rate, dates of receipt
  - Deductions: Frequency, amounts, due dates, entitlement
- \* Include in existing worksheet calculations to determine continued eligibility and benefit level.
- \* Compare to gross/net income standards, resource or deduction maximum, as appropriate.

After change evaluation, is the household still eligible?

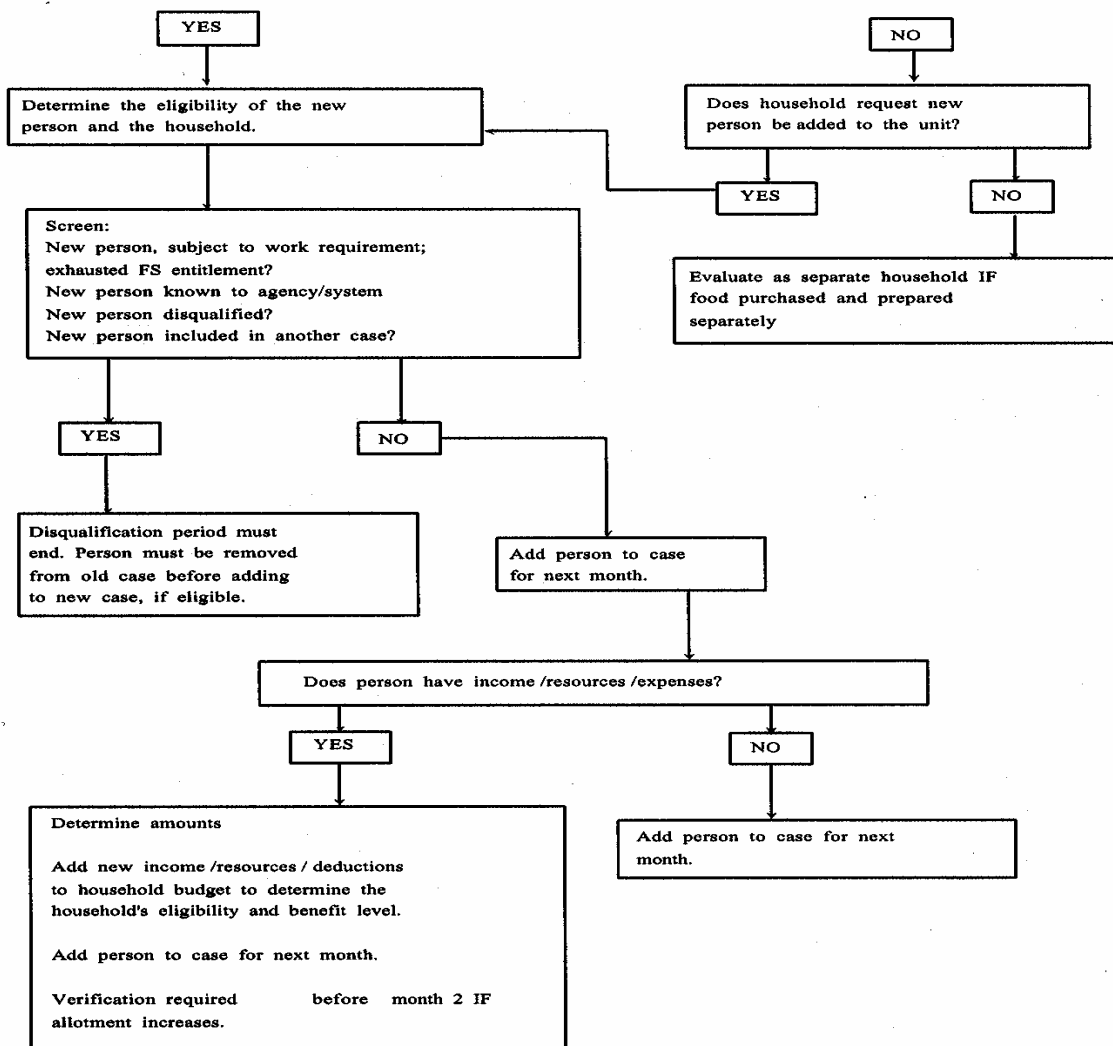
Yes	No	Unknown
Send 10-day advance notice if allotment decreases. Verification needed at recertification.  Send Notice of Action if allotment increases. Verify new information before Month 2. If not verified, amount is returned to the original amount.	Send 10-day advance notice to close case or to suspend case for one month. Verify information if questionable.	Household must clarify or verify change <b>within 10 days.</b>  <b>Send the Request for Verification form. If the household does not take sufficient action, close the case by sending 10-day advance notice.</b>

The agency must normally make changes for the month after the month the change is reported. Except for household composition changes, the agency may give supplemental allotments for reevaluations made in the month of the change. The agency may authorize supplemental allotments at its discretion. If the agency makes voluntary supplements, the local agency must provide supplements for all comparable changes.



CHANGES IN HOUSEHOLD COMPOSITION

New Household Member Reported  
Is person required to be in the household?



\*\*\*\*\*  
Other actions due with change evaluation: Alien status established  
Student eligibility established  
\*\*\*\*\*

Actions due at recertification: Social Security number obtained or  
Proof of application for number  
Work registration completed  
Alien registration number obtained

These actions may be discussed and information obtained at the time of the change report however, no negative action may be taken if processes are not completed at this time.



PART XV WORK REQUIREMENT

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A. GENERAL PROVISIONS

All persons who are able to work must be working or actively engaged in a work activity in order to receive food stamps. Unless an exemption to the Work Requirement exists, individuals may receive food stamps for only three months during a 36-month period. After the initial three-month period (Y1 benefits), an individual may receive benefits through a Special Exemption (E9) to allow certification up to six months. Special Exemption E9 months may also extend the certification period to six months for households with members who regain eligibility. The E9 code does not apply when a member's exemption status changes during an established certification period.

A nonexempt able-bodied household member must:

1. work for cash wages in any amount or for in-kind goods or services for 20 hours or more per week, averaged monthly;
2. participate in and comply with requirements of an employment services program operated by the Department of Social Services, other than job search, for 20 hours or more per week or for the number of hours assigned for the work experience component as calculated by the household's allotment divided by the federal minimum wage;
3. participate in and comply with non-departmental (DSS) work programs for 20 hours or more per week;
4. serve in an unpaid, volunteer capacity for a public or private agency, at a minimum, for the number of hours that is equal to the household's allotment divided by the federal minimum wage; or
5. any combination of these activities

in order to receive food stamps beyond three months. A nonexempt able-bodied household member may also participate in and comply with Workfare program requirements ([Part XXII](#)) in order to receive food stamps beyond three months. If the member was unable to work, as described above, because of good cause, the member will meet the Work Requirement as long as the absence is temporary and the member retains the job.

The 36-month period is a fixed period from the first of the month in which a household containing an individual subject to the Work Requirement is certified in Virginia. The 36-month period will begin and continue for any household member between the ages of 18 and 50, even if an exemption from the work requirement exists for that member at the time of certification or other case action. Tracking must be completed for all persons within the age range, even when they are exempt.

Any month in which an affected individual receives the full benefit month as part of a certified household will count toward the three-month limit.



Months in which a household receives prorated benefits will not count toward the three-month limit. Months in which the household does not receive an allotment because benefits are prorated to zero (i.e., less than \$10) will not count toward the limit however. Months in which a certified household is eligible to receive benefits but does not actually participate do not count toward the three-month period. Months for which a household repays benefits received erroneously also will not count toward the three-month limit once the household repays the claim in full.

A work program, for the purposes of this provision, will include programs operated under the Workforce Investment Act (WIA) and the Trade Adjustment Assistance Act in addition to the agency-sponsored employment and training programs. Job search activities assigned through FSET or other state or local social services programs are not acceptable tasks to count toward establishing a household member's eligibility for continuing benefits beyond the initial three-month limit. Job search activities assigned through WIA will be evaluated as an acceptable task however.

After three months of receiving benefits and a varying **number** of E9 months, an individual, not exempt from the Work Requirement, is not entitled to additional benefits during the balance of the 36-month period, except as allowed in Part XV.C. The agency must send an advance notice to participating households when a member becomes ineligible to participate further. These household members are disqualified household members during any period in which the individuals do not meet the Work Requirement. See [Parts VI.C](#) and [XII.E](#) for a discussion of disqualified household members.

Ongoing households with members who are not eligible because of the work requirement must continue to report changes involving these members.

#### B. WORK REQUIREMENT EXEMPTIONS

The following persons are exempt from the Work Requirement:

1. Any person who is under 18 years of age or over 50 years of age. See [Part XIII.A.2](#).
2. Any person who is medically certified as mentally or physically unfit for work.
3. Any adult member of a food stamp household of which a child under age 18 is present.
4. A pregnant woman.
5. Any resident of an exempt locality. The exemption may be based on the unemployment rate of the locality or its identification as a Labor Surplus Area.



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6. Any person who is otherwise exempt from work registration as outlined in [Part VIII.A.1](#).

The agency must establish the 36-month period and track the reasons for the exemption for each person that meets an exemption other than age.

C. REGAINING ELIGIBILITY

Nonexempt individuals denied eligibility after **being eligible for** three months **of Y1 initial benefits**, or those who would have been denied if an application had been filed, can regain eligibility. These individuals may regain eligibility only under specific conditions for the balance of the 36-month period. Individuals who regain eligibility by being exempted from the requirement will remain eligible as long as the exemption exists. Individuals who regain eligibility through work activities, as listed below, are eligible for a maximum of three months **of Regained Benefits (Y2)** if they are no longer working or involved in a work activity.

1. Eligibility Dependent on Changes in Circumstances

Food stamp eligibility may be reestablished for an individual who loses eligibility because of the Work Requirement if the individual becomes exempt from the Work Requirement as listed in [Chapter B](#). For participating households, an individual may regain eligibility the month following the month the change occurs. Reapplying households may regain eligibility on the date of application or a later date if the individual's status has changed.

2. Eligibility Dependent on Work Activities

Nonexempt individuals denied after **being eligible for** the initial three-month **period of Y1** benefits, or any subsequent period of unemployment, may regain eligibility only if the individual:

- a. Works 80 hours or more during a 30-calendar day period;
- b. Complies with Workfare requirements during a 30-calendar day period; or
- c. Complies with requirements of work programs identified in [Part XV.A](#) for 80 hours or more during a 30-calendar day period.

The case record must be documented to show that the required work effort met the 80-hour/30-day requirement. The documentation must include the number of hours, place and



period of employment. Households may not use any work activities performed before the three-month eligibility period **for Y1 or Y2 benefits** have expired to regain eligibility.

Nonexempt individuals who have received their three initial months of benefits (Y1) can receive food stamps for up to three consecutive months (Y2) once the 80-hour, 30-day requirement has been satisfied. **Once the evaluation period for regained benefits begins, the period must continue even if the individual is ineligible for food stamp benefits during a portion of the period.** Benefits for the second three-month period may be provided only if the qualifying work (a-c above) has terminated or is reduced below the qualifying standards of Chapter A. **Once the EW establishes eligibility for Y2 benefits, the individual may receive Special Exemption benefits to extend the certification period to six months.**

If the qualifying work continues after the initial 80 hours, eligibility may continue under the normal Work Requirement rules. Entitlement to the Y2 benefits is postponed until a later time during which the household member is no longer working or is no longer exempt from the Work Requirement.

Applications filed for nonexempt household members before the completion of the 80 hours/30-day rule must be denied if the 80 hours will not be completed during the month of application. If the 80 hours will be completed during the month of application but after the application filing date, benefits must be prorated from the date after eligibility is established. See [Part XIII.D.2](#) for additional information regarding the calculation of benefits.

#### Regaining and Maintaining Eligibility

After receipt or authorization of the second set of benefits (Y2), following subsequent periods of unemployment or underemployment (less than 20 hours per week), a nonexempt member must regain (a-c above) and maintain that eligibility by engaging in a work activity as required by Chapter A. During a period of unemployment or underemployment, a nonexempt member is not eligible for benefits. There is no limit to the number of times a member may engage in this regaining-maintaining eligibility cycle.



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Localities Whose Residents Are Exempted from the Work Requirement\*

<b>July 2001- April 2003</b>	<b>May 2003- June 2004</b>	<b>July 2004- June 2005</b>	<b>July 2005- June 2006</b>
Accomack	Appomattox	Appomattox	Amelia
Buchanan	Bland	Buchanan	Amherst
Carroll	Buchanan	Carroll	Appomattox
Danville	Carroll	Danville	Bedford
Dickenson	Danville	Dickenson	Bland
Giles	Dickenson	Galax	Bristol
Grayson (3/02)	Galax	Giles	Brunswick
Halifax	Giles	Grayson	Buchanan
Henry/ (3/02)	Grayson	Halifax	Buckingham
Martinsville	Halifax	Henry/ Martinsville	Campbell
Lee	Henry/ Martinsville	Lancaster	Carroll
Norton	Lancaster	Lunenburg	Charles City
Russell	Lunenburg	Mecklenburg	Charlotte
Surry	Mecklenburg	Northumberland	Cumberland
Tazewell	Northumberland	Patrick	Danville
Wise	Norton	Petersburg	Dickenson
	Patrick	Pittsylvania	Dinwiddie
	Petersburg	Pulaski	Franklin Co.
	Pittsylvania	Russell	Galax
	Pulaski	Smyth	Giles
	Russell	Williamsburg	Grayson
	Smyth	Wythe	Greensville/ Emporia
	Surry		Halifax
	Williamsburg		Henry/ Martinsville
	Wise		Hopewell
	Wythe		Lee
			Lunenburg
			Lynchburg
			Mecklenburg
			Norton
			Nottoway
			Page
			Patrick
			Petersburg
			Pittsylvania
			Prince Edward
			Prince George
			Pulaski
			Russell
			Scott
			Smyth
			Surry
			Sussex
			Tazewell
			Washington
			Williamsburg
			Wise
			Wythe

\*The agency must track the work requirement for all household members except those persons under 18 or over age 50.

TRANSMITTAL #63



PART XVI

RESTORATION OF LOST BENEFITS

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A. RESTORATION OF LOST BENEFITS (7 CFR 273.17(a) and (b))

1. The local agency must restore any benefits that the household lost whenever:

- a. The State Department or local agency causes an error that results in a loss;
- b. **Federal regulations or instructions** specifically provide for restoration of lost benefits; or,
- c. The loss was due to an **intentional program violation** disqualification **based on a court conviction** and the decision of the court is reversed.

The local agency may discover the need for restoration of lost benefits when the Quality Control process determines that an agency's action to deny or terminate benefits was invalid.

The local agency must also restore benefits whenever the loss was caused by an error of the Social Security Administration (SSA) when the error resulted from joint processing of an SSI household. Such an error would include, but is not limited to, the loss of a food stamp application after the applicant filed an application with SSA.

2. Households will not normally receive restoration for an action that occurred more than 12 months before the most recent of the following:

- a. The month the household, or another person or agency notified the local agency in writing or orally of the possible loss to a specific household;
- b. The month the local agency discovers, in the normal course of business, that a loss to a specific household has occurred; or,
- c. The date the household requested a fair hearing to contest the adverse action that resulted in the loss.

Any exceptions to the 12 month restriction on restoration, will be noted at the time specific policy requiring a restoration is issued.

If the State or local agency determines that a loss of benefits has occurred, and the household is entitled to restoration of those benefits, the local agency shall automatically take action to restore any benefits lost within the limits described above. No action by the household is necessary.

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The local agency must notify the household of its entitlement and other pertinent information by providing the household with the Entitlement to Restoration of Lost Benefits. See [Part XXIV](#) for a copy of the form and instructions. The agency must also use the form to notify households who have requested a review of their case for lost benefits that the household is not entitled to restored benefits.

The agency must provide restoration benefits to any household entitled to the benefits even if the household is currently ineligible.

B. COMPUTING THE AMOUNT TO BE RESTORED (7 CFR 273.17(d))

After correcting the error and excluding those months for which benefits may have been lost prior to the 12-month time limits described in [Part XVI.A.](#), the local agency must calculate the amount to be restored as follows:

1. If the household was eligible but received an incorrect allotment, the agency must calculate lost benefits only for those months the household participated.
2. If the loss was caused by an incorrect denial or termination of benefits, the EW must calculate the months affected by the loss as follows:
  - a. If an eligible household's initial application or reapplication was erroneously denied, the month the loss initially occurred will be the month of application, or for an eligible household filing a timely application for recertification, the month following the expiration of its certification period.
  - b. If an eligible household's benefits were erroneously terminated, the month the loss initially occurred will be the first month benefits were not received as a result of the erroneous action.

Example

An eligible household's benefits were erroneously terminated effective June 30. The error was discovered in August and the household was given an opportunity to participate in August. The household is entitled to restoration of lost benefits for the month of July.



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After computing the date the loss initially occurred, the loss must be calculated for each month subsequent to that date until either the first month the error is corrected or the first month the household is found ineligible.

Examples

- 1) The local agency has determined that a household is entitled to restoration of lost benefits beginning July 1. The error made by the local agency was corrected in September and an opportunity to receive the correct allotment was provided in September. Benefits must be restored for July and August.
- 2) The local agency has determined that another household is also entitled to restoration of lost benefits beginning July 1. The error was found in September, at which time it was determined that the household would not have been eligible for other reasons in either August or September. The household would have been eligible in July. Benefits must be restored for July only.
3. For each month affected by the loss, the local agency must determine if the household was actually eligible. In cases where there is no information in the household's case file to document that the household was actually eligible in that month, the local agency must advise the household of what information must be provided to determine eligibility for these months. For each month the household cannot provide the necessary information to demonstrate its eligibility, the household is ineligible.
4. For the months the household was eligible, the local agency must calculate the allotment the household should have received. If the household received a smaller allotment than it was eligible to receive, the difference between the actual and correct allotments equals the amount to be restored.

Example

A household was certified for **benefits** for \$70.00 for the months of July through September. The household participated, i.e., **benefits were posted to the EBT account** each of these three months. The **amount of benefits** should have been \$100.00 each month. As a result, the household is entitled to \$90.00 in lost benefits ( $\$100.00 - \$70.00 = \$30.00$  X 3 months = \$90.00).

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5. If a claim against a household is unpaid or if an overissuance and an underissuance of benefits are discovered at the same time, the agency must offset the amount to be restored against the amount due on the claim before the household will receive any restored. Claims may not be offset against the household's current month's even if the initial allotment includes a retroactive amount.

C. METHOD OF RESTORATION (7 CFR 273.17(f))

Regardless of whether a household is currently eligible or ineligible, the local agency must restore lost benefits to a household by issuing an allotment equal to the amount of benefits that were lost. The agency must provide the restored amount in addition to the **monthly benefits** currently eligible households are entitled to receive.

The local agency must honor reasonable requests by households to restore lost benefits in monthly installments. A reasonable request would include that the amount to be restored is more than the household can use in a reasonable period of time.

D. RESTORING BENEFITS TO HOUSEHOLDS NOT RESIDING IN THE LOCALITY

There may be times when a household no longer residing in the locality is due restoration of lost benefits. In these instances, **if the household is participating in the Food Stamp Program in another Virginia locality, the agency must notify the new locality and submit documentation to allow the new agency to post benefits to the household's EBT account. If the household is not participating in the Food Stamp Program in another Virginia locality, the agency must post benefits to the EBT account or convert the EBT benefits to coupons if the household now resides in a state that does not have electronic benefit issuance.**

E. CHANGES IN HOUSEHOLD COMPOSITION (7 CFR 273.17(g))

Whenever a household is due lost benefits and the household's membership has changed, the local agency must restore the lost benefits to the household that contains a majority of the individuals who were household members at the time the loss occurred. If the local agency cannot locate or determine the household that contains a majority of household members, the local agency must restore the lost benefits to the household containing the person designated as the head of the household at the time the loss occurred.

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F. RECORD KEEPING (7 CFR 273.17(h))

The local agency must maintain **any documentation that supports the entitlement to restoration** for each instance in which restoration of lost benefits is appropriate.

G. DISPUTED BENEFITS (7 CFR 273.17(c))

If the local agency determines that a household is entitled to restoration of lost benefits, but the household does not agree with the amount to be restored as calculated by the local agency, the household may request a fair hearing within 90 days of the date the household is notified of its entitlement to restoration of lost benefits. The household may also request a hearing on any other action taken by the local agency to restore lost benefits. If the household requests a hearing before or during the time the agency is restoring lost benefits, the household will receive the lost benefits as determined by the local agency pending the results of the fair hearing. If the fair hearing decision is favorable to the household, the local agency must restore the additional lost benefits in accordance with the decision.

If a household believes it is entitled to restoration of lost benefits, but the local agency does not agree after reviewing the case file, the household has 90 days from the date of the local agency determination to request a fair hearing. The local agency must restore lost benefits to the household only if the fair hearing decision is favorable to the household. The household is not entitled to benefits lost more than twelve (12) months before the date the local agency initially discovered the household's possible entitlement to lost benefits.



PART XVII

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PART XVII

RECIPIENT CLAIMS (CONTD)

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A. CLAIMS AGAINST HOUSEHOLDS (7 CFR 273.18(a))

A claim against a household is an amount owed because:

- (1) a household received more food stamp benefits than it was entitled to receive, resulting in an overpayment; or
- (2) food stamp benefits were trafficked.

Trafficking is defined as the buying or selling of coupons, Authorization to Participate (ATP) cards or Electronic Benefits Transfer (EBT) cards or benefits for cash or consideration other than eligible food; or for the exchange of firearms, ammunition, explosives, or controlled substances.

B. TYPES OF CLAIMS (7 CFR 273.18(b))

There are three types of claims:

1. Agency Error (AE) Claims

An Agency Error is any claim for an overpayment caused by an action or failure to take action by the State or local agency. Exception: A claim must not be established against a household that transacted an unaltered, expired Authorization to Participate (ATP) card.

2. Inadvertent Household Error (IHE) Claims

An Inadvertent Household Error is any claim for an overpayment resulting from a misunderstanding or unintended error on the part of the household.

3. Intentional Program Violation (IPV) Claims

An Intentional Program Violation is any claim for an overpayment or trafficking resulting from an intentional error on the part of the household. An IPV is defined in Definitions.

In order for a claim to be an IPV, there must have been a finding of IPV or fraud by a court, a signed waiver to an Administrative Disqualification Hearing (ADH), or a finding of IPV by a hearing officer as a result of an ADH.

Prior to the determination of IPV, a claim against the household must be established as an IHE claim, except for a trafficking claim, which can only be established as an IPV. However, if the prosecutor advises the local agency that collection action will prejudice the case, or the person responsible for signing ADH referrals decides to



postpone collection action on cases referred for ADH, no collection action should be taken. If the household member is found not guilty of IPV, either by a court or through an ADH, the claim will be handled as an IHE claim.

a. Referral for Prosecution (7 CFR 273.16(a))

The local agency must confer with the local prosecutor to determine the types of cases which will be accepted for possible prosecution, and cases of alleged IPV will be referred for prosecution in accordance with the agreement established between the local agency and the prosecutor. This agreement must include information on how and under what circumstances cases will be accepted for possible prosecution, and any other criteria set by the prosecutor for accepting cases for prosecution, such as a minimum amount of overpayment.

The local agency may refer a case for prosecution, regardless of the current eligibility of the individual. The local agency is encouraged to refer for prosecution those persons suspected of committing an IPV where large amounts of overpaid benefits are involved or more than one act of IPV is suspected.

The local agency should encourage the prosecutor to recommend to the court that a disqualification penalty be imposed in addition to any other criminal penalties for such violations. Information on prior IPV's should be shared with the prosecutor to support the assignment of an appropriate disqualification period.

b. Referral for Administrative Disqualification Hearing (ADH)  
(7 CFR 273.16(e))

An administrative disqualification hearing (ADH) is an impartial review by a hearing officer of a household member's actions involving alleged IPV for the purpose of rendering a decision of guilty or not guilty of committing an IPV.

The local agency may refer an individual for an ADH regardless of the current eligibility of the individual.

The local agency should request an ADH under these circumstances:

- (i) the agency believes the facts of the case do not warrant criminal prosecution through the courts;



- (ii) a case referred for prosecution was declined by the prosecutor;
- (iii) a case referred for prosecution was formally withdrawn by the local agency because no action was taken by the prosecutor within a reasonable period of time.

Cases dismissed in court or acquitted in court may not be referred for an ADH. A case is not to be referred for an ADH while its referral for prosecution is in process. An ADH does not prevent the local agency, state or federal government from prosecuting the household member for an IPV in a court of appropriate jurisdiction.

C. CALCULATING THE CLAIM AMOUNT (7 CFR 273.18(c))

1. Claims Not Related to Trafficking

A claim must be calculated back to at least twelve months prior to when the local agency discovered the overpayment, except for an IPV claim, which must be calculated back to the month the act of intentional program violation first occurred. In addition, for all claims, the local agency must not include any time period that occurred more than six years before the local agency discovered the overpayment.

The local agency must determine the correct amount of benefits for each month the household participated. The income conversion factors of 4.3 or 2.15 must be used, if appropriate, based on [Part XIII.A.3](#), to determine the monthly income. If the claim is an IHE or an IPV claim, the local agency must not apply the earned income deduction to that part of any earned income that the household failed to report in a timely manner.

If, due to either an inadvertent error on the part of the household or an intentional act on the part of the household, a household failed to report a change in its circumstances within 10 days of the date the change became known to the household, the first month that benefits were overpaid will be the first month in which the change would have been effective had it been reported in a timely manner. **Factor in only the 10-day reporting period and the advance notice period.** In no event, however, may the local agency determine as the first month in which the change would have been effective, any month later than two months from the month in which the change in household circumstances occurred.

If the household reported a change within the prescribed time limits, but the local agency did not act on the change on time, the first month affected by the local agency's failure to act must be the first



month the local agency should have made the change effective. Therefore, if an advance notice was required but was not sent, the local agency must assume that the maximum advance notice period as provided in [Part XIV.A.](#) would have expired without the household requesting a fair hearing. **Do not factor in a 10-day agency action period.**

For categorically eligible households, a claim will only be determined when it can be computed on the basis of changed household net income or household size. A claim may not be established if there was not a change in net income and/or household size.

If an overpayment is discovered for a month or months in which a mandatory Food Stamp Employment and Training participant has already participated in a work experience assignment, the agency must follow these procedures:

- a. If the person who performed the work is still subject to a work obligation, determine how many extra hours were worked because of the improper benefit. The participant is to be credited that number of hours toward future work obligations.
- b. If the work experience assignment does not continue, determine whether the number of hours involved is more than the number which could have been assigned had the proper allotment been used to calculate the work obligation. Establish a claim for the amount of the overpayment not "worked off", if any. If the hours worked equal the amount of hours calculated by dividing the overpayment by the federal minimum wage, no claim will be established. No credit for future work requirements may be given.

Once the local agency calculates the amount of correct benefits the household should have received, the local agency must subtract the correct amount of benefits from the benefits actually received to determine the amount of the overpayment or claim.

After calculating the amount of the claim, the local agency must offset the amount of the claim by any amounts which have not yet been restored to the household. The Record of Entitlement to Lost Benefits must be completed to document the offsetting. The original must be sent to the household and a copy must be retained by the agency. The local agency must also offset the amount of the overpayment by any electronic benefits expunged from the household's EBT account. The difference is the amount of the claim.

If the information needed to compute an overpayment is lacking, no claim can be established until such time that the information is received.



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2. Trafficking Claims

The amount of a claim resulting from trafficking of food stamp benefits will be determined by:

- a. the individual's admission of the amount trafficked; or
- b. a determination by a court; or
- c. documentation that forms the basis for the trafficking determination, such as EBT transaction data.

For both trafficking and non-trafficking claims, the local agency must maintain documentation to support how the claim was calculated.

D. CLAIM ESTABLISHMENT (7 CFR 273.18(d)(1))

A claim must be established before the end of the calendar quarter following the quarter in which the overpayment or trafficking incident was discovered. The date of discovery is the date the local agency has sufficient information to determine that an overpayment or trafficking offense has occurred. The local agency must document the date of discovery. The local agency must ensure that no less than 90 percent of all potential claims are either established or disposed of within this time frame.

1. Claim Thresholds (7 CFR 273.18(e)(2)(ii))

The local agency must establish a claim for a non-participating household for any household-caused overpayment that totals more than \$125 and for any agency-caused overpayment that exceeds \$300. The local agency must also establish a claim for an overpayment in any amount for a participating household or for an error identified in a Quality Control review. The local agency, however, may initiate collection action for claims under the \$125 or \$300 threshold or when multiple overpayments for a household total or exceed the threshold for the claim type.

2. Liable Persons (7 CFR 273.18(a)(4))

The following persons are responsible, or liable, for paying a claim:

- a. Each person who was, **or should have been**, an adult member of the household, age 18 or older, when the overpayment or trafficking first occurred;
- b. A sponsor of an alien household member if the sponsor was at fault;



- c. A person connected to the household, such as an authorized representative, who actually caused an overpayment or trafficking.

E. INITIATING COLLECTION ACTION (7 CFR 273.18 (e))

1. Demand Letters

The local agency must initiate collection action by mailing or otherwise delivering to the household the appropriate initial demand letter, *Request for Repayment of Extra Food Stamps* and a *Repayment Agreement*. The demand letter and repayment agreement must be sent immediately following the establishment of the claim, unless the household cannot be located or a court ordered repayment of the claim. Additionally, if a claim is established as an IHE and collection action is being postponed because the case is being referred for prosecution or an ADH, the local agency must initiate collection action by sending the demand letter and a repayment agreement, if the case is not accepted for prosecution or an ADH. The local agency must retain a copy of the initial demand letter to document the claim was properly established.

The household has 20 days from the date of the initial demand letter to tell the local agency how the household intends to repay the claim. The household must make its first payment within 30 days of the date of the letter.

If the household pays the claim, follow the procedures in [Part XVII.P](#) for submitting payments.

If a participating household does not respond to the initial demand letter, allotment reduction must be initiated. The household's allotment must be reduced not later than the first day of the second month following the date of the initial demand letter.

If a non-participating household does not respond to the initial demand letter, a *Request for Extra Food Stamps-Follow-Up* demand letter and *Repayment Agreement* should be sent at 30-day intervals until the household has responded by paying, or agreeing to pay the claim or until the criteria for terminating collection action, as specified in [Part XVII.K](#) have been met.

If the non-participating household agrees to repay the amount of the overpayment but does not make a payment by the due date specified on the *Repayment Agreement*, the local agency should send a *Request for Repayment of Extra Food Stamps-Payment Overdue* letter at 30 day intervals until the household begins to pay again, or until the criteria for terminating collection action, as specified in [Part XVII.K](#) have been met. If the household makes the overdue payments and wishes to continue payments based on the previous schedule, permit the household to do so.



If the household requests re-negotiation and the local agency concurs with the request, the household may negotiate a new payment schedule. Both the local agency and the household have the option to initiate re-negotiation of the payment schedule if they believe that the household's economic circumstances have changed enough to warrant such action.

If a participating household agrees to repay the claim by making installment payments, and does not submit a payment by the specified due date, the local agency must invoke allotment reduction.

2. Compromising Claims

If it can be reasonably determined that the household's economic circumstances dictate that the claim will not be paid in three years, the local agency may compromise the claim, or any portion of the claim, by reducing it to an amount that will allow the household to pay the claim in three years. The local agency may use the full amount of the claim, including any amount compromised, to offset a restoration of lost benefits. The local agency may reinstate any compromised portion of the claim, if the claim becomes delinquent. The local agency must document the reason for the compromise.

F. COLLECTION METHODS (7 CFR 273.18(f)&(g))

1. Allotment Reduction (7 CFR 273.18(g)(1))

A household may choose to have its food stamp allotment reduced to repay a claim. However, the local agency must implement allotment reduction against a participating household unless the household is making regular payments in an amount greater than the amount that could be recovered through allotment reduction or another household is already having its allotment reduced for the same claim.

Prior to reduction, the local agency must inform the household orally or in writing of the appropriate formula for determining the amount of food stamps to be recovered each month and the effect of that formula on the household's allotment, i.e., the amount of food stamps the local agency expects will be recovered each month.

For an AE or an IHE claim, the amount of the reduction must be limited to 10% of the allotment or \$10, whichever is greater, unless the household agrees to a higher amount. For an IPV claim, the amount of the reduction must be limited to 20% or \$20, whichever is greater, unless the household agrees to a higher amount. The *Repayment Agreement* must be used to document the household's request for a higher allotment.



The local agency may not reduce the initial month's allotment at application or reapplication unless the household agrees to the reduction. The local agency must document this agreement.

The local agency or State agency may not use involuntary collection methods, such as state or federal offsets, against individuals in a household that is having its allotment reduced.

2. Lump Sum Payments (7 CFR 273.18(g)(4))

The local agency must accept any payment for a claim, whether it represents full or partial payment. The payment may be made with paper food coupons, cash, check, money order, credit or debit card. The local agency does not have to accept a credit or debit card if the local agency does not have the capability to accept these types of payments. The local agency must retain appropriate documentation of the payment. The local agency must destroy any food coupons or coupon books and retain documentation of the destruction.

3. Installment Payments (7 CFR 273.18(g)(5))

The local agency may accept installment payments as the result of a negotiated repayment agreement. The repayment agreement must include a due date for the payments. The payments may be made by paper food coupons, cash, check, money order, credit or debit card. The local agency does not have to accept a credit or debit card if the local agency does not have the capability to accept these types of payments. **Unless a court order prohibits it, a certified household must make installment payments in an amount that is equal to or greater than the amount that is recoverable through allotment reduction.** The local agency must retain appropriate documentation of the payments. The local agency must destroy any coupons or coupon books and retain documentation of the destruction.

If the household does not submit a payment in accordance with the terms of its negotiated repayment agreement, the claim will be considered delinquent and subject to additional collection actions. If the household is participating in the program, allotment reduction must be invoked.

4. Electronic Benefit Transfer (EBT) Accounts (7 CFR 273.18(g)(2))

The local agency must allow a household to pay its claim using benefits from its EBT account. At the household's request, this reduction may be used in addition to allotment reduction or other repayment methods. **If a certified household chooses EBT account deduction as the primary collection method, the monthly payment must be equal to or greater than the amount that is recoverable through allotment reduction, unless a court order prohibits it.**



The local agency must obtain written permission from the household in order to collect from a household's active EBT account. The household should complete the *Repayment Agreement* form to note permission for a one-time or monthly payment from the EBT account. The agency must send the household a receipt of each transaction.

The local agency may collect from a household's dormant EBT account (between 91 and 364 days of inactivity), but only after the agency mails the household a notice about a deduction from the EBT account. The agency may use the *Notice of Deduction from an Inactive EBT Account* form. Unless the household notifies the local agency within 20 days of the notice that it does not want its dormant EBT account reduced, the local agency may collect from this account.

After 365 days of inactivity, the local agency must also use any benefits expunged from the household's EBT account to offset the amount of the claim. This offset may be done at any time during the collection process. The local agency does not need the household's permission to apply expunged benefits to a claim but the agency must send the household a receipt to note the claim reduction. The agency may use the *Notice of Deduction from an Inactive EBT Account* form as the receipt

5. Offsets to Restored Benefits (7 CFR 273.18(g)(3))

The local agency must reduce any restored benefits owed to a household by the amount of any outstanding claim. This offset may be done at any time during the collection process.

6. Public Service (7 CFR 273.18(g)(7))

The local agency may accept public service as a form of payment, but only if a court orders the public service specifically in lieu of paying the claim. The local agency, in conjunction with the court, should set the hourly rate for the work performed. The local agency must retain appropriate documentation.

7. Treasury's Offset Programs (TOP) (7 CFR 273.18(n))

The State agency must refer eligible claims that are delinquent for six months or more to TOP for offset against any eligible Federal payment, including, but not limited to, federal tax refunds, salaries of federal employees and retirement benefits. Claims will be submitted to TOP in accordance with the Department of Treasury's instructions.

8. Other Collection Actions (7 CFR 273.18(g)(8))

The local agency may employ involuntary collection action to collect delinquent claims against non-participating households. These



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actions include, but are not limited to, civil action, to include wage garnishments and/or liens against property, referral to public or private collection agencies, **and** the repayment of claims by offsetting the balance against state tax refunds or lottery payments.

9. Unspecified Collections

When funds are received for a combined public assistance/food stamp claim and the household does not specify to which claim to apply the collection, each program must receive its pro rata share of the amount collected.

10. Overpaid Claims

If a household overpays a claim, the household must be provided a refund as soon as possible after the over-collection is discovered, unless the over-collection is attributed to an expunged EBT benefit. The method of refund will depend on what caused the overcollection. For example, an overcollection due to allotment reduction will be refunded by a restoration to the household.

G. COLLECTING IPV CLAIMS

When a household member is found to have committed an IPV by a court of appropriate jurisdiction, the local agency must request the matter of restitution be brought before the court. If the court mandates restitution, the amount of the claim against the household will be established by the court, even if the amount of restitution ordered is less than the amount of the original claim. The court order to repay will serve as the household's demand letter.

If the court does not rule on restitution, or the IPV was established by an ADH, or the household member waived his/her right to an ADH, the local agency must initiate collection action by sending the household the demand letter, *Request for Repayment of Extra Food Stamps (IPV)* and a *Repayment Agreement*, unless:

- The household has repaid the overpayment as a result of an IHE demand letter; or,
- The local agency has documentation that shows the household cannot be located.

An IPV demand letter and a repayment agreement must also be sent for any unpaid or partially paid IPV claim, even if the household has previously received an IHE demand letter.



The local agency should pursue other collection action to obtain restitution against any household that fails to respond to a written demand letter for repayment of any IPV claim if the claim cannot be collected through direct payment or allotment reduction, unless the agency can determine that other means are generally not cost effective.

If an individual who was court ordered to repay the overpayment does not pay as ordered, the local agency should advise the local prosecutor or the probation office, as appropriate.

H. ESTABLISHING AND COLLECTING CLAIMS FROM ALIENS AND/OR THEIR SPONSORS  
(7 CFR 273.11(j)(8))

Any sponsor of an alien and the alien are both liable for the repayment of any overpayment which occurred as a result of incorrect information provided by the sponsor, unless the sponsor establishes good cause or was without fault for providing the incorrect information. It is the sponsor's responsibility to establish good cause to the satisfaction of the local agency.

If the sponsor does not establish good cause, the local agency must initiate collection action by sending the sponsor the appropriate initial demand letter and a repayment agreement. If the sponsor does not respond to the demand letter, the local agency may pursue other collection actions, as appropriate, to obtain payment of the claim. If the sponsor responds to the demand letter, the collection procedures described in [Part XVII F.](#) must be followed.

The sponsor is entitled to a fair hearing to contest a determination that the sponsor was at fault in providing incorrect information or to contest the amount of the claim.

If the sponsor does establish good cause, the local agency must initiate collection action by sending the household the appropriate initial demand letter and repayment agreement. If the household responds to the demand letter, the collection procedures described in [Part XVII F.](#) must be followed. If a participating household does not respond to the demand letter within 20 days of the date on the letter, allotment reduction must be invoked. If a non-participating household does not respond to the demand letter, the local agency may pursue other collection action as appropriate, to obtain payment of the claim.

I. CHANGES IN HOUSEHOLD COMPOSITION (7 CFR 273.18(g)(1)(vii))

If a household's membership has changed since the overpayment occurred, the local agency may pursue collection action against any household which has a



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member who was an adult member of the household that received the overpayment. The agency may also offset the amount of the claim against restored benefits owed to any household which has a member who was an adult member of the original household at the time the overpayment occurred. See [Part XVI.B.5.](#) for the process to apply amounts due for restoration against outstanding claims.

The local agency may also pursue collection from any individual liable for the claim that is not currently a member of a participating household that is undergoing allotment reduction.

J. DETERMINING DELINQUENCY (7 CFR 273.18(e)(5))

A claim must be considered delinquent if:

- the claim has not been paid by the due date on the initial demand letter or repayment agreement and a satisfactory payment arrangement has not been made; or
- a payment arrangement has been established and a scheduled payment, either no payment or one in a lesser amount, has not been made by the due date on the repayment agreement.

The claim will remain delinquent until payment is received in full, a satisfactory payment agreement is negotiated or allotment reduction is invoked.

A claim will not be considered delinquent if:

- another claim for the same household is currently being paid, either through an installment agreement or allotment reduction, and the local agency expects to begin collection on the claim once the prior claim(s) is paid in full; or
- the local agency is unable to determine delinquency status because collection is coordinated through the court or probation office; or
- a fair hearing has been requested and a hearing decision has not been rendered.

K. TERMINATING COLLECTION (7 CFR 273.18(e)(8))

A claim must be terminated for a non-participating household, or any of its adult members, if the claim meets any of the following criteria:



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1. All adult members of the household are dead and there are no plans by the local agency to pursue collection from the estate; or
2. A claim has an outstanding balance of \$25 or less and no payment has been made for 90 days or more; or
3. No payments have been received in three years and the claim has not been referred to TOP; or
4. The household cannot be located, unless the claim has been referred to TOP. If the claim has been referred to TOP, the local agency may keep the claim active until the claim meets criteria #3, listed above; or
5. A claim has been discharged through bankruptcy; or
6. A claim has been transferred to another state for collection.

A claim against a participating or a non-participating household must also be terminated if there is insufficient information or documentation to substantiate that the claim was properly established or to determine the correctness of the balance due. Properly established means that an initial demand letter was mailed or a court ordered repayment.

The local agency must document the reason for the termination.

#### L. INVALID CLAIMS

A claim found to be invalid through a fair hearing, the ADH process, a court determination, or discovered as erroneously established by the State or local agency, must be deleted from the claims tracking system.

#### M. IPV DISQUALIFICATION PENALTIES (7 CFR 273.16(b))

##### 1. IPV Penalties

Individuals found to have committed an IPV, either by a court of appropriate jurisdiction or by an ADH or, who waived their right to an ADH, are ineligible to participate in the Food Stamp Program for:

- a. One year for the first violation;
- b. Two years for the second violation; and,
- c. Permanently for the third violation.



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- d. Ten years for a determination that fraudulent statements or representations of identity or residency were made to receive benefits in more than one household at the same time. The ten-year penalty does not apply when a household fails to report a move to the agency at a former address.

An individual may receive more than one IPV by violating two or more unrelated program rules, such as change reporting and trafficking, during the same time period.

In addition to these disqualification penalties, individuals may be disqualified from the program for other program violations. Individuals will be disqualified for two years for a finding by a court that they used food stamps to purchase illegal drugs. A second court finding regarding these purchases will result in permanent disqualification from the program.

Individuals will be permanently disqualified from the program based on a court finding that food stamps were used to purchase firearms, ammunition, or explosives, even if it is the first such finding.

A conviction of trafficking in food stamps of \$500 or more will also result in the permanent disqualification of the individual.

2. Reporting Procedures (7 CFR 273.16(i))

**Local workers must complete the Disqualified Recipient Report screen of the Claims Tracking System. Online screen help is available in the Claims Tracking System to allow the worker to identify correctly the offense code and associated penalty.**

**In addition to completing the Disqualified Recipient Report screen, workers must enter information in the Electronic Disqualified Recipient Subsystem (eDRS) to report information about individuals disqualified for an IPV. The disqualification may be based on an ADH, a conviction by a court of appropriate jurisdiction, or a waiver to an ADH. Local workers must enter information in the eDRS within 30 days of the effective date of disqualification.**

In cases where the disqualification for IPV is reversed by a court of appropriate jurisdiction, or was submitted in error, the agency must **update the eDRS** to delete the information relating to the disqualification.



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3. Imposition of Disqualification Penalties

To determine the appropriate disqualification penalty to impose on an individual who has been found to have committed fraud or an IPV, the local agency must access the **eDRS** to see if there is a record of other IPV rulings for individual household members.

One or more IPV disqualifications that occurred before April 1, 1983, will be considered as only one previous disqualification when determining the appropriate penalty to impose in a case under consideration.

When **eDRS** is used to determine the disqualification penalty for an individual found to have committed an IPV, the local agency must verify the information with the Locality Contact provided by the **eDRS**. A verbal confirmation from the Locality Contact may be accepted for the initial assessment but documentation that supports the prior disqualification(s), must be obtained before a final determination is made of the length of the penalty.

The actual number of prior disqualifications will determine the penalty for a new IPV, not the disqualification number that a State or a Virginia locality assigned to the offense. Only the individual found guilty of IPV is disqualified, not the entire household.

If a court fails to impose a disqualification period for the IPV or fraud conviction, the local agency must impose the disqualification penalties described in this chapter unless it is contrary to the court order. If disqualification is ordered by the court, but a date for initiating the disqualification period is not specified, the individual must be disqualified beginning with the first month which follows the date of the court decision.

If a hearing officer rules that the household member committed an IPV, that member must be disqualified beginning with the first month that follows the date the household member received written notification of the hearing decision. If the household member signed a waiver to an ADH, that member must be disqualified beginning with the first month which follows the date the signed waiver was received by the agency.

For a disqualification that results from a court decision or the Administrative Disqualification Hearing process, the local agency must send the Notice of Disqualification to inform the household of the length, reason and starting date of the disqualification. The local agency must maintain a copy of the report.



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A local agency may not lengthen the disqualification period after it has been imposed by judicial decision, ADH, or waiver. Once a disqualification penalty has been imposed, the period of disqualification must continue uninterrupted until completed, regardless of the eligibility of the disqualified member's household. If an additional IPV is determined for a person who is already serving a disqualification period, the new disqualification period(s) must begin before the original period expires so that the disqualification periods run concurrently.

If the local agency determines the household member is currently serving a disqualification imposed by another locality within Virginia or imposed by another state, the local agency must calculate how much time is remaining in the disqualification period before adding the person to the case as an active household member. If a month or more remains in the disqualification period, the local agency must disqualify the household member for the remainder of the disqualification period.

If the agency fails to impose the disqualification within the timeframes described above, an agency-caused claim (AE) must be established for the months the individual should have been disqualified. A household-caused claim (IHE) must be established if the agency discovers that a member participated during a disqualification period imposed by another locality or state.

#### 4. Use of eDRS Prior to Certification

The data submitted to the **eDRS** can be used to determine the eligibility of persons prior to certification, when the agency has reason to believe a person is subject to disqualification in another political jurisdiction.

Information obtained from the **eDRS** must be independently verified. A verbal response from the **eDRS** Locality Contact is acceptable for the initial assessment. The household must be given an opportunity to respond to the verbal information obtained from the Locality Contact. If the household affirms the verbal information provided by the Locality Contact, a determination on the individual member's eligibility may be made without additional documentation from the Locality Contact. The household is allowed a minimum of 10 days to respond to the **eDRS** findings.

If the household member disputes the information or fails to respond to the request for information, the EW must get written documentation from the Locality Contact to process the application or to determine the length of the disqualification penalty. If the household is not entitled to expedited processing, the agency must hold the application pending until the written verification from the Locality



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Contact is received. Applications entitled to expedited processing must be processed and benefits delivered within the required seven-day period, even if the household's affirmation or written documentation from the Locality Contact is not received by the seventh day. An IHE claim must be established, however, for any overpaid benefits.

N. DOCUMENTATION

The local agency that establishes the claim must maintain documentation to support proper establishment of the claim, including how the overpayment amount was determined, documentation to support the date of discovery and documentation to support disqualification. In addition, documentation to support the balance due must also be maintained by the agency(s) collecting the payments. Documentation includes, but is not limited to, verifications from employers, landlords, schools; applications with false or omitted information; a copy of the initial demand letter; a copy of the *Notice of Disqualification*; and receipts for cash payments. If the local agency does not have documentation to support the claim, the claim must be terminated.

O. INTRASTATE/INTERSTATE CLAIMS COLLECTION (7 CFR 273.18(i))

In cases where a household moves out of the locality or out of Virginia, the local agency may initiate or continue collection action against the household for any overpayment to the household which occurred while the household was under the local agency's jurisdiction. If the local agency does not intend to pursue collection from a household that has moved to another state because the other state will be pursuing collection, i.e. allotment reduction, the claim must be terminated.

Local agencies may pursue collection on claims established in another locality or state. The local agency or state that overpaid benefits to the household will have the first opportunity to collect any overpayments. If the local agency or state which overpaid benefits, however, does not take prompt action to collect, then the local agency which has jurisdiction over the area into which the household moves should initiate action to collect the overpayment. However, prior to initiating action to collect such overpayments, the local agency in the new locality must contact the old locality or state to ascertain that it does not intend to pursue prompt collection or is not receiving payments on the claim.

P. BANKRUPTCY (7 CFR 273.18(j))

Local agencies must act on behalf of, and, as USDA, in any bankruptcy proceeding against bankrupt households owing food stamp claims. Local agencies possess any rights, priorities, interests, liens or privileges,



and must participate in any distributions of assets, to the same extent as USDA. Acting as USDA, local agencies have the power and authority to file objections to discharge, proofs of claims, exceptions to discharge, petitions for revocation of discharge, and any other documents, motions or objections that USDA might have filed. Any amounts collected under this authority must be transmitted to the Virginia Department of Social Services as normal claims payments.

Q. SUBMISSION OF PAYMENTS (7 CFR 273.18(1))

Once a month, local agencies must submit one consolidated check, payable to the "Treasurer of Virginia", to cover cash and state tax intercept payments received from all households for the month. The check must be sent to:

Virginia Department of Social Services  
Division of Finance  
7 North Eighth Street  
Richmond, VA 23219-3301

The *Monthly Payment Record* (MPR) must be sent with the consolidated check. If no cash or state tax intercept payments are received during the month, a MPR must still be submitted to indicate that no payments were received. The check and the MPR must be sent so as to be received by the 15th day of the month following the report month.

R. DISPUTED CLAIMS

If a fair hearing or a court did not establish the amount of a claim, the household has 90 days from the date of the demand letter to appeal the amount by requesting a fair hearing.

The household must also be notified of the following actions relating to claims and has the right to appeal these:

- After initial notification, whenever the amount of the claim changes;
- Whenever a claim is used to offset a restoration and prior notification of the claim had not been given;
- When multiple overissuances total \$125 or more and collection action is now being initiated, and prior notification of the claim had not been given.



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If the fair hearing determines that the claim is valid, the local agency must re-notify the household of the claim amount. The post-fair hearing notice must inform the household that the claim amount is still due and that repayment is required. A *Repayment Agreement* must be sent with the re-notification. The household cannot request a fair hearing based on this second notice. Delinquency will be determined by the due date of this subsequent notice, not the original demand letter.

**S. OTHER MONEY RETURNS**

Money is sometimes returned to the agency for reasons other than because of a claim. In these instances, the money is not to be submitted to the State Office as claims payments would be. A check or money order payable to "USDA-FNS-HQ" and a letter explaining the circumstances must be submitted to:

USDA-FNS-HQ  
P.O. Box 953807  
St. Louis, MO 63195-3809

**T. CLAIMS TRACKING SYSTEM**

All claims must be established in the Food Stamp Claims Tracking System (FSCTS) and Application Benefit Delivery Automation Project (ADAPT). All payments made against a claim must be reflected in both systems. Termination of claims must be reported to both systems. The date of the initial demand letter, court-ordered restitution date and any follow-up demand letters must be reflected in the FSCTS.



PART XVIII REPLACEMENT OF EBT CARDS, BENEFITS AND FOOD

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#### A. Replacement of EBT Cards

This chapter covers general guidance for replacing EBT cards, benefits in electronic benefit accounts and food purchased with food stamp benefits destroyed in a household disaster. See Chapter G of the Virginia EBT Policies and Procedures Guide for additional information.

Households need an EBT card to access benefits. The cardholder may call the Customer Service Representative (CSR) for the EBT card vendor or to the local agency to request a replacement card. The CSR will validate the system address before issuing a replacement card if the cardholder calls Customer Service for a replacement card. If the address is incorrect, the card vendor will not mail a replacement card but will refer the cardholder to the local agency to have the address updated.

Cardholders will generally receive a replacement EBT card through the mail. Depending on individual household circumstances however, the local agency may provide a vault card as a replacement card. The cardholder must call the CSR to request a change in the status of a card before the local agency can issue a vault card if the original card is still active. The cardholder does not need to call the CSR if the card already has an inactive status code.

The EW must authorize the issuance of a vault card for replacing an EBT card and notify the Issuance Unit through the completion of the *Internal Action and Vault EBT Card Authorization* form. The household may need to complete the *Nonreceipt Affidavit/Vault Card Replacement Request* form to document the need for a replacement in order for the local agency to credit the replacement fee to the household's account. See [Part XXIV](#) for a copy of these forms.

A cardholder may need a replacement if the original card is lost, damaged, destroyed in a household disaster, or stolen. A cardholder will also need a replacement card if the original card is undelivered through the mail.

In most instances, a request for a replacement card will result in the deduction of a \$2.00 card replacement fee from a household's EBT account. The vendor should not apply the card replacement fee for reapplying households or for replacements for returned, undelivered cards. The local agency must credit the fee back to the household's account if the replacement is due to a household disaster, violence against the household or for improperly manufactured cards. See [Part XVIII.A.4](#) for information about assigning and crediting of the fee for replacement cards.



1. Undelivered EBT Card

a. Undeliverable, Returned Cards

The post office will not deliver EBT cards with inaccurate or incomplete addresses. The post office will not forward EBT cards to a new or changed address if households move but fail to report the change to the local agency.

If the card is undeliverable because of an incomplete or inaccurate address for the primary cardholder or the authorized representative, the EW must update the mailing address, as appropriate.

b. Nonreceipt of the EBT Card

In instances when cardholders report the nonreceipt of a mailed EBT card to the local agency, the agency must check the Administrative Terminal to determine the mailing date and check if the status of the card has been changed. If more than six mail days has passed and the status of the card is unchanged, the cardholder must call the CSR to request a new card. If the local agency is to issue a vault card as the replacement card, the cardholder must still also call the CSR to change the status of the original card.

In some instances, the Department of Social Services may have already received the undelivered card and may have changed the status of the card by the time the cardholder reports the nonreceipt to the local agency or the CSR. In these instances, either the vendor or the local agency may initiate the replacement without further delay.

If the cardholder reports the nonreceipt of a mailed EBT card to Customer Service after a sufficient mail period, the CSR will change the status of the card to cancel the card. The vendor will mail another card to the household or, at the cardholder's option, defer mailing another card to allow the cardholder to receive a vault card at the local agency.

When a cardholder requests a vault card as replacement, the Issuance Worker must determine if there has been a sufficient period for delivery of the mailed card and determine the status of the original card before issuing a vault card. If the Administrative Terminal inquiry shows that the card has an active or a nonactivated status, the cardholder must call CSR to request a change in the status of the card. If there is an



inactive status when the Issuance Worker inquires or once there is an inactive status, the local agency may issue a vault card to the cardholder.

Households will not have the \$2.00 card replacement fee assessed against their benefit accounts when they receive replacement of undelivered cards. Households will generally have the card replacement fee automatically deducted from the account except when there is a replacement card for a card in an inactive status such as the initial card lost in the mail or one returned as undeliverable.

2. Lost, Stolen, Damaged Cards

When a cardholder reports an inability to access the household's benefits because the EBT card is unavailable for use, the cardholder must call CSR to request deactivation of the card. Deactivation will prevent the usage of the card should the cardholder or someone else attempt to use the card.

The cardholder must request replacement of the card through the CSR or the local agency. The cardholder must note the reason for the replacement to the local agency. The reason for the destruction or unavailability of the original card will determine whether the local agency credits the replacement fee back to the household's account. Reasons for replacing an EBT card include:

- Lost - The cardholder loses or misplaces the card.
- Stolen - The cardholder loses the card through violence exerted upon a household in an act of robbery or burglary committed by someone outside the household.
- Household Disaster - The cardholder loses or damages the card through a household fire or natural disaster, such as a flood or tornado.
- Card Damage (negligence) - The card is unusable because of the cardholder's neglect.
- Card Damage (improperly manufactured) - The card is unusable because of a manufacturing error.

3. EBT Card Replacement Fee

Each cardholder will receive written and verbal instruction on how to protect the EBT card. When an EBT card is or becomes unusable for any reason, the cardholder must obtain a replacement card to access the household's EBT account. The EBT card vendor will deduct \$2.00 from each food stamp case benefit account for replacement EBT cards in nearly every instance when a cardholder receives a replacement card.



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The automatic fee deduction will not occur when the original card has an inactive status or when a household reapplies for benefits. The chart below summarizes application of the card replacement fee.

No Fee	Fee Deducted	Fee Credited
Reapplication		x (if applied)
Inactive card, such as lost in the mail		x (if applied)
	Lost	
	Stolen/robbery	x (police report required)
	Household disaster	x (verify if questionable)
	Improperly manufactured	x
	Cardholder name change	x
	Card damaged/destroyed	
		x Agency-cause error, such as misspelled name

#### 4. EBT Card Replacement Fee Credit

The EBT vendor will automatically deduct a \$2.00 fee from a household's food stamp EBT account in most instances when a cardholder requests a replacement card. There are instances however, when, despite proper care of the card by the cardholder, the household experiences loss or destruction of the EBT card. In these instances, the local agency must credit the \$2.00 replacement fee back to the household's account.

An eligibility or administrative unit supervisor must authorize the credit on the *Internal Action and Vault EBT Card Authorization* form. To secure sufficient information related to the loss or destruction of the card, the EW may require the household complete the *Non-Receipt Affidavit/EBT Card Replacement Request* form.

The local agency must credit the replacement fee when a household experiences an individual household disaster or there is a natural disaster. An EBT card destroyed by fire or a flood, tornado, hurricane or earthquake would allow the agency to credit the replacement fee back to the household. The agency must verify the impact of the disaster upon the household if the report is questionable otherwise; the household's statement is acceptable. The local agency must also credit the replacement fee when a cardholder loses the card through violence inflicted upon the household or cardholder by someone outside the household. The household must file

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a police report to document its claim. The agency must verify the existence of the police report if the information is questionable otherwise; the household's statement is acceptable.

In addition to crediting the replacement fee for instances of a household disaster or violence against the household, the local agency must credit the replacement fee if the agency discovers an improperly manufactured card after a cardholder receives the card. The agency must also credit the replacement fee if the vendor fails to identify a replacement card at reapplication or a replacement for an inactive card. The local agency may also credit the fee back to the household's account, if requested, when the household identifies another Case Name or authorized representative.

The chart above summarizes instances when the local agency must credit the card replacement fee to the household. As indicated above, an eligibility or administrative supervisor must authorize the credit. The Issuance Supervisor must provide the credit.

**B. BENEFIT REPLACEMENT**

Households will not receive a replacement for benefits lost due to loss of the EBT card and/or PIN up to the time that the cardholder reports the loss to CSR. Households will have benefits replaced if someone accesses the benefits after the household reported to CSR that the card was lost or stolen. Households will also receive replacement for benefits lost due to a system error.

**C. REPLACEMENT OF FOOD DESTROYED IN A DISASTER**

A household may request a replacement for food purchased with food stamp benefits and that was then subsequently destroyed in a household disaster. This policy will apply to an individual household disaster or a disaster that affects more than one household.

Normally, replacements would only be made to currently participating households, but this is not a requirement for a food replacement. The agency must use prudent judgement on a case-by-case basis when a nonparticipating household requests a food replacement.

The household may be entitled to a replacement of the actual value of the loss but the amount may not exceed the allotment for one month. The household must report the disaster within 10 days of the loss. A household member must sign the **Non-receipt Affidavit/EBT Replacement Request**

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attesting to the loss. If the local agency does not receive the affidavit within 10 days after the report of the loss, the household will not receive a replacement. If the 10th day falls on a weekend or holiday, and the affidavit is received the day after the weekend or holiday, the agency must consider the statement as received timely.

The agency must verify the household's disaster. Sources of verification include community agencies, such as the Red Cross or fire department or through a home visit.

The agency must provide replacement benefits within 10 days of the reported loss or within 2 working days of receiving the affidavit, whichever is later.

There is no limit on the number of times a household may receive replacement of food destroyed in a disaster. If USDA issues a disaster declaration and the household is eligible for emergency benefits under that policy, the household may not receive both the emergency benefits and a replacement for the same time period. **See Part XX for a discussion of the Disaster Food Stamp Program.**



PART XIX FAIR HEARINGS AND ADMINISTRATIVE DISQUALIFICATION HEARINGS

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A. INTRODUCTION (7 CFR 273.15(c))

The Food Stamp Act of 1977, as amended, requires that each State provide a fair hearing to any household aggrieved by any action of the local social services agency which affects the participation of the household in the Food Stamp Program.

Any individual has the right to appeal and receive a fair hearing before the State (a) because a claim for benefits is denied, or is not acted upon with reasonable promptness; or, (b) because the individual is aggrieved by any other agency action affecting entitlement to or receipt of benefits, or by agency policy as it affects the individual's situation.

Any household aggrieved by any action of the local agency or local issuance agency in its administration of the Program which affects the participation of the household must be provided with a fair hearing before the State. Within 60 days of receipt of a request for a fair hearing, the State must assure that the hearing is conducted, a decision is reached, and the household and local agency are notified of the decision.

1. Role of the Commissioner of Social Services

§ 63.1-116 through § 63.1-119 of the Code of Virginia give the **Commissioner** of Social Services ultimate authority and responsibility for fulfillment of the provisions of the appeal process. The State Board of Social Services, as authorized by § 63.1-25 of the Code of Virginia, establishes policies and procedures to implement the appeal process in accordance with the regulations of USDA.

The **Commissioner** may delegate to duly qualified hearing officers the authority to make decisions in any appeal case. **The Commissioner must appoint a panel to review hearing decisions upon the request of either the household or the local agency. The panel must report periodically to the Commissioner regarding the need for changes in the conduct of future hearings, or to policy and procedures related to the issue of the appeal.**

2. Definitions

The following definitions will be applicable to the terms used in this chapter.

- a. State Hearing Authority - A comprehensive term used to designate the State decision-maker in appeal cases; as such, it includes the **Commissioner** and qualified hearing officers of the State Department of Social Services, in whom the **Commissioner** has placed full authority to make binding decisions in appeal cases in the name of the State Hearing Authority.



- b. Hearing Officer - An impartial representative of the State to whom appeals are assigned and by whom they are heard. The hearing officer must not have been involved in any way with the agency action on appeal. The hearing officer is given the authority to conduct and control hearings and to decide appeal cases.
- c. Claimant - The food stamp household that files an appeal regarding some aspect of their entitlement to participate in the Program.

B. RIGHT OF APPEAL

Every applicant for and recipient of food stamps must be informed in writing at the time of application and at the time of any action, proposed or taken, affecting participation, of the right to a fair hearing, of the method by which a hearing may be obtained, and of the right to be represented by others or to represent himself. As outlined in [Part I.I](#), appeals information must be given to each applicant at the time of initial application, reapplication and recertification, and at the household's request.

In addition to the use of written material, the local agency worker has the responsibility of informing the household orally of the right to appeal if it is dissatisfied with any action taken by the local agency or the failure to act in relation to its eligibility or level of participation. The household must also be offered an opportunity at the time the Notice of Action to deny or reduce benefits or the Advance Notice of Proposed Action is issued to request an agency conference, at which time he must receive an explanation of the proposed action and must have an opportunity to present any information on which his disagreement with such action is based. **The Notice of Action and the Advance Notice of Proposed Action forms may be used interchangeably, except as required for issuing a joint notice with public assistance programs (See [Part XIV.A.3](#)).**

Each household has a right to a fair hearing to appeal a denial, reduction, or termination of benefits due to a determination that a household member is not exempt from work registration and employment services requirements, or a determination of failure to comply with work registration and employment services requirements.

Individuals or households may appeal local agency actions **related to work registration and employment services** if the individual or household believes that a finding of failure to comply has resulted from improper decisions on these matters. **These actions include** exemption status, the type of employment and training requirement imposed, or local agency refusal to make a finding of good cause.



C. HEARING REQUEST (7 CFR 273.15 (h))

A household that feels aggrieved by any local agency action may request a hearing by any clear expression, oral or written, to the effect that an opportunity to present the case to a higher authority is desired. Such request may be made by a household member, the authorized representative, or some other person acting on the household's behalf, such as a legal representative, relative or friend. The right to make such a request is not to be limited or interfered with in any way. If a household makes an oral request for a hearing, the local agency must complete the procedures necessary to start the hearing process. The Notice of Appeal form must be made available to the household to facilitate appeal requests; however, completion of this form by the household is not required if a clear expression for a hearing has been made by some other method. Local agencies must help the claimant submit and process the request, and prepare the case, if needed. Information and referral services must be provided to help claimants make use of any legal services available in the community that can provide legal representation at the hearing.

Upon request, the local agency must make available, without charge, information from the case file for a household or its representative to determine whether a hearing should be requested or to prepare for a hearing. Confidential information, such as the names of individuals who have disclosed information about the household without its knowledge or the nature or status of pending criminal prosecutions, must be protected from release.

D. TIME LIMITS FOR REQUESTING A HEARING (7 CFR 273.15 (g))

A household must be allowed to request a hearing on any adverse action or loss of benefits which occurred in the prior ninety (90) days. Action by the agency will also include a denial of a request for restoration of any benefits lost more than 90 days, but less than a year prior to the request. The household must be allowed to appeal and request a hearing at any time during the certification period if it is dissatisfied with the current level of benefits.

If the amount of a claim was not established by a fair hearing or a court, the household will have 90 days from the date of notification of the claim to appeal the amount of the claim.

E. LOCAL AGENCY CONFERENCE (7 CFR 273.15 (d))

When a household advises the local agency that it wishes to appeal an adverse action, that household must be offered the opportunity to request an agency conference. At the conference, the recipient may be represented by an authorized representative, legal counsel, relative or friend. Upon



receipt of a request for such a conference, the local agency must schedule the conference within ten working days from the date of the request or within two working days if the household is contesting a denial of expedited service, unless the household requests that the conference be scheduled later. The recipient's failure to request a local agency conference has no effect upon the right to appeal and have a fair hearing or upon the right to continued participation.

The conference with the local agency is designed to allow the recipient to request and receive, within ten working days, a verbal explanation of the reason adverse action affecting participation is being taken. The intent of the conference is to avoid a lack of understanding on the part of the recipient. The recipient should be given the opportunity to verbalize reasons for wishing to continue to participate in the Program.

The conference may be attended by the eligibility worker, but must be attended by an eligibility supervisor or the superintendent/director and a household member or its representative. For appeals involving food stamp work registration/employment and training sanctions, with the exception of the situation where a household member refuses to register in the first place, a representative from the Employment Services Program (ESP) service staff must be present during the conference and the appeal hearing. The eligibility unit must notify the ESP staff of the date and time of the conference.

The hearing officer must notify the ESP staff of the date and time of the appeal hearing. The agency must respond to each reason given by the recipient. The conference should reveal that the proposed action is appropriate or that the proposed action is inappropriate because:

1. the recipient is now able to immediately provide the information that had not been previously provided; or,
2. there has been a change in circumstances that affects some other area of eligibility.

The local agency conference may or may not result in a change in the agency decision regarding action. Regardless of the result of the conference, the household must be provided with a fair hearing unless it makes a written withdrawal of the request for a hearing. If the agency decision is not to take action or to take action different from that indicated on the advance notice, the recipient must be so advised in writing and a notation to the same effect made on the agency copy of the advance notice. If the recipient is not satisfied with the agency action following the conference and wishes its request for a fair hearing to stand, the fact that the conference was held will in no way affect the appeal or the required time limits for filing or implementing a decision.



F. PARTICIPATION DURING APPEAL (7 CFR 273.15 (k))

When a verbal or written hearing request is made during the advance notice period, the household is entitled to continued participation until the end of the current certification period or until a decision on the fair hearing is reached, unless the household specifically waives continuation of benefits in writing. The household's participation in the Program will be continued on the basis authorized immediately prior to the adverse action notice. Continuation of benefits during the appeal process is only appropriate if the appeal is a result of a change which occurred during the certification period and for which an adverse action notice was issued or required. It must be explained to the household that the continuation of benefits is strictly at the household's option and that should it elect to have benefits continued and the hearing decision upholds the agency action, the household will be required to repay the value of any coupons overissued prior to and during the period such benefits were continued. **A Notice of Action must be provided to the household when benefits are continued.**

1. Determining Continuation of Benefits During the Appeal Process

The local agency must be aware that an appeal was made during the required time frame prior to authorizing continued participation. This means that the local agency must have (1) received the request directly from the household, or (2) written or verbal confirmation from the Chief Hearing Officer or a hearing officer that a timely appeal request was received.

If a hearing request is not made within the period provided by the adverse action notice, benefits shall be reduced or terminated as provided in the notice. If the household establishes that its failure to make the request within the advance notice period was for good cause, the hearing officer shall require that the local agency reinstate the benefits to the prior basis.

When benefits are reduced or terminated due to a mass change, participation on the prior basis shall be reinstated only if the issue being contested is that food stamp eligibility or benefits were improperly computed or that federal law or regulation is being misapplied or misinterpreted by the State. Households requesting an appeal of a mass change are eligible for continuation of benefits as long as they request a hearing within 90 days of the action being appealed and meet the requirements of this paragraph (FNS Policy Memo 81-17).

2. Exceptions to Continuation of Benefits

Once benefits have been continued or reinstated during the appeal process, they must not be reduced or terminated prior to the receipt of the official hearing decision unless:



- a. the certification period expires;
- b. the appeal issue is one of federal law or regulation and written notice has been received from the hearing officer;
- c. a change in circumstances affecting the household's eligibility or basis of issuance occurs while the hearing decision is pending and a request for a second hearing has not been received; or,
- d. a mass change occurs.

G. PREPARATION FOR THE HEARING

The appeal request, upon receipt by the Hearings Manager, must be assigned to a regional hearing officer who will validate the appeal and acknowledge the request by letter to the claimant with a copy to the local agency and any other appropriate parties.

The local agency must prepare a Summary of Facts of the case to be forwarded to the hearing officer no fewer than five days prior to the hearing. A general outline of this summary follows, although the content may vary to fit the particular case situation. All statements made should be factual and phrased in a way not objectionable to the claimant.

For appeals involving Food Stamp work registration/employment and training sanctions, with the exception of the situation where a household member refuses to register in the first place, the Summary of Facts must be prepared jointly by the eligibility staff and E & T staff to ensure that E & T eligibility and participation issues are stated in the summary.

The Summary of Facts should include the following:

1. Identifying Information:

- Name of local agency
- Name, address and case number of claimant
- Persons included in the food stamp household
- Name, age, relationship to claimant
- Other persons in household
- Name, relationship

2. Date of Request and Reason for Appeal (quote the claimant in requesting the hearing)



3. Statement of Agency Action

- a. Give a brief, factual statement of the reason for agency action, or failure to act, and the nature and date of agency action. If the claimant requested a local agency conference, include result of conference. If agency error, negligence or administrative breakdown was involved, say so.
  - b. Under the heading "Agency Policy", give citation and quotation from the Virginia Food Stamp Program Certification Manual of the policy statement on which agency action was based.
  - c. If the level of participation is in question, give a detailed breakdown of the claimant's financial circumstances as it appears on the food stamp application with whatever explanation may be necessary.
  - d. Give the date and result of the conference, if any.
4. State whether participation is continuing during the appeal process on the basis authorized immediately prior to the adverse action notice.
5. The Summary must be signed and dated by the superintendent/director. The local agency will retain a copy of the Summary, which is the official document for presentation of its case at the hearing.

The local agency must mail a copy of the Summary and any other documents and records, which are to be used at the hearing, to the claimant, or his representative, at a reasonable time prior to the date of the hearing.

If documents pertinent to the hearing are received by the local agency or there are changes in the situation following transmittal of the Summary, copies of the documents and a written statement of the changes must be mailed in advance of the hearing to the hearing officer. Copies of such additional information must also be made available to the claimant or his representative.

During the period between the filing of the appeal and the receipt of the decision from the State Hearing Authority, the local agency continues to be administratively responsible for the case on appeal. This responsibility includes appropriate adjustment in eligibility status or level of participation necessitated by changes in the claimant's situation, income, changes in household composition, or changes for any other reason.

If a change in circumstances occurs during the appeal process **resulting in a reduction or termination of benefits**, an advance notice must be sent. If the claimant fails to appeal the proposed additional change, participation



will be adjusted with respect to this change in circumstances. The change must be reported to the hearing officer for consideration of possible effect on the decision.

H. RESPONSIBILITIES OF HEARING AUTHORITY (7 CFR 273.15 (i))

In preparation of the hearing, the hearing authority must consider and act on the following situations:

1. If the request for a hearing is from a household, such as migrant farm workers, that plans to move from the jurisdiction of the hearing officer, the hearing must be held as quickly as possible so a decision may be reached before the household leaves the area.
2. If the household requests postponement of the hearing, it must be granted. The postponement may not exceed 30 days. The time limit for action on the decision may be extended for as many days as the hearing is postponed.
3. If there are a series of individual requests for hearings, the appropriateness of conducting a single group hearing must be determined. The hearing officer may consolidate only cases in which the sole issue is one of State and/or federal law, regulation or policy, and with the consent of the appealing parties.

In all group hearings, the policies governing hearings must be followed. Each individual claimant must be permitted to present his own case or be represented by legal counsel or other spokesman. If the claimants request a group hearing on an issue specified in this chapter, the request must be granted.

I. DENIAL OR DISMISSAL OF REQUEST FOR HEARING (7 CFR 273.15(j))

A request for a hearing will not be denied or dismissed unless **the household or its representative:**

1. fails to request the hearing within 90 days of the date of agency action or failure to act;
2. files a written request to withdraw;
3. fails to appear at the scheduled hearing without good cause
4. **files an oral request to withdraw without coercion. The hearing officer must send the household a notice to confirm the withdrawal and that offers the household an opportunity to reinstate the hearing within ten days. If reinstated, the 60-day process period will begin anew.**



J. HEARING PROCEDURE

The hearing must be conducted at a time, date, and place convenient to the claimant(s). Preliminary written notice must be given at least 10 days prior to the hearing. (Allow two days for mailing in addition to the postmark date.) The claimant will be requested to advise the local agency immediately if the scheduled date or place is inconvenient, but, without such notification, it is assumed the arrangements are convenient. The hearing may be conducted through a teleconference.

The local agency is responsible for assuring that the claimant has transportation to the hearing if the claimant is unable to make arrangements.

When a claimant indicates that the scheduled date is not convenient, the hearing date may be extended. The **hearing officer** will determine whether the provision of extension is being abused and reserves the right to set a date beyond which the hearing will not be delayed.

The hearing is to be conducted in an informal atmosphere and every effort will be made to arrive at the facts of the case in a way that will put the claimant at ease. It is the hearing officer's responsibility to assure that this is done, and the hearing officer may, within the discretion allowed, designate those persons who may attend the hearing or the particular portion of the hearing they may attend. The hearing officer has full authority to recess the hearing or to continue to another date in the interest of fairness.

When the issue on appeal is of a medical nature (e.g., concerning a diagnosis, an examining physician's report, or a VR Disability Determination Unit decision), the hearing officer may request a medical assessment by someone other than the person(s) involved in making the original examination. Such an assessment will be obtained at combined State and local expense from a source satisfactory to the claimant and will be made a part of the hearing record.

Any material from the food stamp case record must be made available upon request to the claimant and/or his representative. Additionally, a household must be allowed to examine its employment component case file at a reasonable time before the date of the fair hearing. Confidential or other information, which the head of the household or his representative does not have an opportunity to hear, see, and respond to, must not be introduced at the hearing, nor will it become a part of the hearing record.

It is within the discretion of the hearing officer to designate what is pertinent to an issue on appeal and admissible as evidence during the hearing, including the entire case record, if appropriate.



When benefits are continued pending a hearing decision, the hearing officer must rule at the hearing whether the issue being appealed is one of federal law, regulation or policy, or whether the issue relates to a matter of fact or judgement applicable to an individual case. If the hearing officer rules that the issue being appealed is one of federal law, regulation or policy, benefits will be reduced or terminated as proposed by the Advance Notice of Proposed Action or the Notice of Action.

If, during the appeal process, the need for adjustment in eligibility or basis of issuance in favor of the claimant becomes evident, reconsideration or modification of the former decision will be made by the local agency. For instance, new information may be presented, clarification of policy may occur, or the need for mathematical correction in computations occurs. If such adjustment is satisfactory to the claimant, he has the choice either of withdrawing the appeal or of having a formal decision made by the Hearing Authority.

The local agency employment services staff or the agency's designee operating the relevant employment and training component must receive sufficient advance notice of the hearing to either permit the attendance of a representative or ensure that a representative will be available for questioning by telephone during the hearing. If a hearing is scheduled by households appealing a work registration or employment and training issue, the results of the hearing shall be binding on the local agency.

#### K. EVENTS OF THE HEARING

The hearing must be attended by the eligibility worker and the claimant or its representative. The household may also bring relatives or friends along if it so chooses. The hearing officer has the authority to limit the number of persons present if space limitations exist. The hearing officer will coordinate the following activities at the hearing:

1. Identification of those present for the record.
2. **Provide an** opening statement to explain the hearing purpose, procedure to be followed, how and by whom a decision may be made and to be communicated to claimant and local agency, and the option of either party, if decision is made by the hearing officer, to request review of the decision by the **Commissioner**.
3. The claimant or his representative must be given the opportunity to:
  - a) examine all documents and records which are used at the hearing;



- b) present the case or have it presented by legal counsel or other person;
  - c) bring witnesses;
  - d) establish pertinent facts and advance arguments; and,
  - e) question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.
4. The local agency will have the opportunity to clarify or modify its statements contained in the Summary of Facts and to question the claimant, his representative, or witnesses on the important issue(s). The local agency has the same rights as the claimant to examine documents, bring witnesses, advance arguments, question evidence and submit evidence.
5. Evidence admissible at the hearing is limited to information having a bearing on the issue(s) being appealed. Such issues include those given by the claimant at the time of the appeal and those given by the local agency as a basis for its actions or inaction under appeal. The hearing officer determines whether an issue other than the one being appealed may be introduced, but no additional issues are admissible without concurrence of the claimant and local agency.

L. DUTIES OF THE HEARING OFFICER

The hearing officer must:

- 1. Ensure that all relevant issues are considered;
- 2. Request, receive, and make part of the record all evidence determined necessary to decide the issues being raised;
- 3. Regulate the conduct of the hearing consistent with due process to ensure an orderly hearing;
- 4. Order, where relevant and useful, an independent medical assessment or professional evaluation from a source mutually satisfactory to the household and the local agency; and,
- 5. Render a decision in the name of the State Hearing Authority. Decisions must comply with regulations as stated in the Virginia Food Stamp Certification Manual **and the Virginia EBT Policies and Procedures Guide** and must be based on the hearing record. An official report containing the substance of what transpired at the hearing, the findings and conclusions of the hearing officer, together with all papers and requests filed in the proceeding, will constitute the record for decision.



M. HEARING DECISION (7 CFR 273.15(q))

An official report containing the substance of the hearing, together with the findings and conclusions of the hearing officer, and all papers filed in the proceeding, will constitute the record for decision. The household and the local agency must each be notified of the decision by a copy of the written official report of the decision.

The decision of the hearing officer will be final and binding when presented in writing to the claimant and the local agency. **The decision** must be put into effect regardless of whether review by the **Commissioner** of the decision has been requested.

The claimant, the claimant's representative, and the local agency must be given written notice of their right to request a review of the hearing officer's decision by the **Commissioner**. In addition to the claimant's right to request a review by the **Commissioner**, the claimant may seek a judicial review of the decision.

The request for the **Commissioner's** review by either party must be submitted in writing within 10 days following the date of the hearing officer's written decision with a written statement of the reasons for the objection to the decision. A copy of the review request by the local agency must be submitted to the claimant.

When a request **for review** is submitted, the **Commissioner** will review the decision **and** confirm or modify the original decision. The claimant, the claimant's representative, the hearing officer and local agency will be notified in writing of the result of the review.

The **hearing officer**, within a reasonable time, may reconsider any decision if there is new evidence that the original decision was not a valid one. In this regard, the hearing officer's decision is also subject to review by the Hearings Manager.

When the decision of the **Commissioner** is adverse to the claimant, all available administrative remedies have been exhausted.

All hearing records and decisions are available for public inspection and copying, subject to the disclosure safeguards, provided identifying names and addresses of household members and other members of the public are kept confidential.

N. IMPLEMENTATION OF DECISIONS

All final hearing decisions must be reflected in the household's coupon allotment within time limits specified below:



1. Decisions that result in an increase in household benefits must be reflected in the benefit amount within 10 days of the receipt of the hearing decision, even if the local agency must provide a supplementary allotment or otherwise provide the household with an opportunity to obtain the allotment outside of the normal issuance cycle. The local agency may take longer than 10 days if it elects to make the decision effective in the household's normal cycle, provided that the issuance will occur within 60 days from the household's request for the hearing.
2. Decisions that result in a decrease in household benefits must be reflected in the next scheduled issuance following receipt of the hearing decision. No additional notice to the household is needed.
3. When the decision of the hearing officer or Commissioner, as appropriate, determines that a household has been improperly denied program benefits or as been issued a smaller allotment than it was due, lost benefits must be provided to the household in accordance with Part XVI.A.
4. When the decision of the hearing officer or Commissioner, as appropriate, upholds the local agency's action, a claim against the household must be prepared in accordance with Part XVII.A for any overissuances.
- O. INTRODUCTION TO ADMINISTRATIVE DISQUALIFICATION HEARINGS (ADH) (7 CFR 273.16(e))

An Administrative Disqualification Hearing (ADH) is an impartial review by a hearing officer of a household member's actions involving an alleged intentional program violation (IPV) for the purpose of rendering a decision of guilty or not guilty of committing an IPV.

In order to request an ADH, there must be clear and convincing evidence that demonstrates that a household member committed or intended to commit an IPV as described in Definitions. Examples of evidence include, but are not limited to, the following:

1. Written verification of unreported income or resources received by the household;
2. Verification that the household understands its reporting requirements by its signature under the rights and responsibilities section of the application or on some other form;
3. An application or change report form submitted during the period the IPV is alleged to have occurred which omits the information in question;
4. Documented contacts with the household during the period the IPV is



alleged to have occurred in which the household failed to report information in response to agency queries about household circumstances.

Each example noted above does not have to be presented to document intentionality however it is likely that such deliberateness can only be shown through the presentation of more than one of these evidence examples.

P. INITIATION OF AN ADH

The local agency must ensure that the evidence against the household member alleged to have committed the IPV is reviewed by either an Eligibility Supervisor or Agency Director/Superintendent for purposes of certifying that such evidence warrants a referral for an ADH.

Prior to submitting the Referral for Administrative Disqualification Hearing to the State Hearing Authority, the local agency must provide the forms, Notification of Intentional Program Violation and Waiver of Administrative Disqualification Hearing and the "Administrative Disqualification Hearings" pamphlet to the household member suspected of the IPV. To determine the appropriate disqualification period for the notification form, the agency must access the Disqualified Recipient Subsystem (DRS) data to determine the number of prior disqualifications an individual may have. The DRS information about prior disqualifications must be verified before deciding on the length of the penalty. See [Part XVII.M.2](#) for additional information about DRS.

The waiver must be returned to the agency within 10 days from the date notification is sent to the household in order to avoid submission of the referral of ADH. If a signed waiver is received, no ADH is conducted and the disqualification period is imposed in accordance with policy at [Part XVII.M.1](#). A copy of the signed waiver is to be sent, for federal reporting purposes, to:

**Fraud Management**

Virginia Department of Social Services  
7 North Eighth Street  
Richmond, VA 23219-3301

If no waiver to the ADH is received within 10 days, the local agency must submit the Referral for Administrative Disqualification Hearing to the Hearings Manager. The form must include the following information:

1. Identifying Information as requested at the top of the form
2. Summary of the Allegation(s)
3. Summary of the Evidence
4. Copies of documents supporting the allegation.



The referral must be signed and dated by the supervisor or local agency director/superintendent.

If a case is referred for an ADH, it shall not simultaneously be referred for prosecution.

The local agency may combine a fair hearing and an ADH into a single hearing if the factual issues arise out of the same or related circumstances and the household receives prior notice that hearings will be combined.

If the ADH and fair hearing are combined, the agency must follow timeframes for conducting an ADH. If the hearings are combined for the purpose of settling the amount of the claim at the same time as determining whether or not the IPV has occurred, the household will lose its right to a subsequent fair hearing on the amount of the claim. However, the local agency must, at the household's request, allow the household to waive the 30 day advance notice period for the scheduling of the ADH when the hearings are combined.

Q. SCHEDULING THE ADH

Upon receipt of the request for the ADH, the Hearings Manager will forward the request to the appropriate hearing officer.

1. Advance Notice of ADH (7 CFR 273.16(e)(3))

The hearing officer will schedule a date for the ADH and provide written notification to the household member suspected of IPV at least 30 days in advance of the date the ADH has been scheduled. The form, "Advance Notice of Administrative Disqualification Hearing" is used for this purpose. The pamphlet which describes the ADH procedures must be sent with the advance notice.

The ADH advance notice may be sent by first class mail, certified mail - return receipt requested, or be any other reliable method. If the notice is sent by first class mail and it is subsequently returned as undeliverable, the hearing may still be held.

Once the ADH has been scheduled, the ADH is to be conducted and a decision made within 90 days of the date the household is notified in writing that the ADH has been scheduled. A copy of the decision must be provided to the household and the local agency.



2. Time and Place of the ADH (7 CFR 273.16(e)(4))

The time and place of the ADH must be arranged so that the hearing is accessible to the household member suspected of IPV. The member or representative may request a postponement of the ADH if the request for postponement is made at least 10 days in advance of the date of the scheduled hearing. The ADH will not be postponed for more than 30 days and the State Hearing Authority may limit the number of postponements to one. When a hearing is postponed, the time limits for rendering and notifying the household and agency of the decision is extended for as many days as the hearing is postponed.

3. Failure of Household Member to Appear at the ADH

If proof of nonreceipt of the ADH advance notice has not been received, the requirement to notify the individual alleged to have committed the IPV has been met. The ADH may be held even if the member or representative subsequently cannot be located or fails to appear without good cause.

The individual has 10 days from the date of the scheduled ADH to present reasons other than nonreceipt of the notice to show good cause for failure to appear at the hearing. Good cause reasons based on nonreceipt of the notice must be presented within 30 days of the scheduled hearing.

Even though the household member is not represented, the hearing officer must carefully consider the evidence and determine if an IPV was committed based on clear and convincing evidence. If the household member is found to have committed IPV but a hearing officer later determines there was good cause for not appearing, the previous decision is no longer valid and a new ADH shall be conducted. The hearing officer who originally ruled on the case may conduct the new hearing. The good cause decision must be entered into the hearings record by the hearing officer.

4. Participation While Awaiting a Hearing (7 CFR 273.16(e)(5))

A pending ADH shall not affect the household's right to be certified and participate in the Food Stamp Program. The household member alleged to have committed an IPV cannot be disqualified through an ADH until a hearing officer finds the individual guilty of IPV, so the eligibility and benefit level of the household is determined in the same manner as for any other household.



R. CONDUCT OF THE ADH

The hearing officer presides and conducts the hearing informally. Technical rules of evidence are not required. The hearing may be conducted via a teleconference. The hearing may also be recorded.

1. Attendance at the ADH

The ADH is attended by persons directly concerned with the issue. This normally means a representative of the local agency and the household member alleged to have committed an IPV and/or the household's representative. If space is limited, the hearings officer has the right to limit the number of persons in attendance.

2. Responsibilities and Duties of Hearing Officer

The hearing officer must:

- a. Identify those present for the record.
- b. Advise the household member or representative that he/she may refuse to answer questions during the hearing.
- c. Explain the purpose of the ADH, the procedure, how and by whom a decision will be reached and communicated, and the option of either the local agency or the household to request review of the hearing officer's decision **by the Commissioner**.
- d. Consider all relevant issues. Even if the household is not present, the hearing officer must carefully consider the evidence and determine if an IPV was committed based on clear and convincing evidence.
- e. Request, receive and make part of the record all evidence determined necessary to render a decision.
- f. Regulate the conduct and course of the hearing consistent with due process to insure an orderly hearing.

3. Rights of the Household

The household member alleged to have committed IPV and/or the representative must be given adequate opportunity to:

- a. Examine all documents and records to be used at the ADH at a reasonable time prior to the ADH as well as during the ADH. The contents of the case file, including the application form and documents of verification used by the local agency to



establish the alleged IPV, must be made available, provided that confidential information, such as the names of individuals who have disclosed information about the household without its knowledge, or the nature and status of pending criminal prosecutions, is protected from release.

If requested by the household or its representative, the local agency shall provide a free copy of the portions of the case file that are relevant to the hearing. Confidential information that is protected from release and other documents or records which the household will not otherwise have an opportunity to contest or challenge shall not be introduced at the hearing or affect the hearings officer's decision.

- b. Present its case or have it presented by legal counsel or another person.
- c. Bring witnesses.
- d. Advance arguments without undue interference.
- e. Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.
- f. Submit evidence to establish all pertinent facts and circumstances in the case.

As the household may not be familiar with the rules of order, it may be necessary to make particular efforts to arrive at the facts of the case in a way that makes the household feel most at ease.

The household member or representative may refuse to answer questions during the hearing.

4. Responsibilities and Duties of Local Agency

The local agency representative is responsible for presenting the agency's case in the ADH. The agency representative has the same rights as the household as listed in [Part XIX.R.3.](#), items a. through f. above.

S. NOTIFICATION OF ADH DECISION (7 CFR 273.16(e)(9))

The hearing officer is responsible for rendering a decision. The decision must be based on clear and convincing evidence from the hearing record, which is an official report of the hearing, including all papers and requests filed in the proceeding. The hearing officer must substantiate the decision by identifying supporting evidence and applicable regulations.



Following the ADH, the hearing officer must prepare a written report of the substance of the hearing that must include findings, conclusions, decision and appropriate recommendations. The decision must specify the reasons for the decisions, identify the supporting evidence, identify pertinent food stamp regulations and respond to reasoned arguments made by the household member or representative.

The hearing officer must notify the household member of the decision. The form "Administrative Disqualification Hearing Decision" must accompany the findings. The Commissioner must inform the household of its right to request review of the decision. If the household member is found guilty of IPV, the decision must advise the household that disqualification will occur.

The determination of IPV by the hearing officer cannot be reversed by a subsequent fair hearing decision.

The household member is entitled to seek relief in a court of appropriate jurisdiction. The period of disqualification may be subject to stay by a court of appropriate jurisdiction or other injunctive remedy.

The amount of the overissuance subject to repayment may be appealed by a fair hearing, provided that the household member did not request a fair hearing for that reason that was consolidated with the ADH.

If the household member or representative did not appear at the hearing and the hearing officer determines that an IPV was committed, the hearing officer will delay notification of the decision until 10 days after the date of the hearing to allow the individual time to present good cause for failing to attend.

#### T. IMPLEMENTATION OF THE ADH DECISION

Upon receipt of the notice of a decision from the hearing officer finding the household member guilty of an IPV, the local agency must inform the household of the disqualification by sending a "Notice of Disqualification Due to Intentional Program Violation" or other disqualification notice approved for use. The notice must inform the household of the reason for disqualification and must inform the household that the disqualification will be effective upon receipt of the notice. The household member who committed the IPV must be disqualified in accordance with the length of time specified in [Part XVII.M.1](#). The local agency must also provide written notice to the household of the allotment that will be received, or advise that a recertification application must be filed if the certification period has expired.

If it is determined that the individual did not commit an IPV, no disqualification will be imposed and any overissuance must be handled as a nonfraud claim.



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VIRGINIA LEGAL AID PROJECTS

<u>Name and Address</u>	<u>Areas Served</u>
Blue Ridge Legal Services, Inc. 204 North High Street Harrisonburg VA <b>22803</b> 540-433-1830 1-800-237-0141	Augusta County Harrisonburg Highland County Page County Rockingham County Southern Shenandoah Staunton Waynesboro
Blue Ridge Legal Services, Inc. P.O. Box 436 119 South Kent Street Winchester VA <b>22604</b> 540-662-5021 1-800-678-5021	Clarke County Frederick County Northern Shenandoah County Warren County Winchester
Blue Ridge Legal Services, Inc. 203 North Main Street Lexington VA 24450 540-463-7334 540-862-7642: Covington, Clifton Forge, Alleghany	Alleghany County Bath County Buena Vista Clifton Forge Covington Lexington Rockbridge County
Blue Ridge Legal Services, Inc. 132 Campbell Avenue, SW Suite 300 Roanoke VA <b>24011</b> <b>540-344-2080</b> 1-866-534-5243	Bedford Bedford County Botetourt County Craig County Franklin County Roanoke Roanoke County Salem
Central Virginia Legal Aid Society 101 West Broad Street, Suite 101 Richmond VA 23220 P.O. Box 12006 Richmond, VA 23241 804-648-1012 1-800-868-1012	Charles City County Chesterfield County Goochland County Hanover County Henrico County New Kent County Powhatan County Richmond City
Central Virginia Legal Aid Society <b>1000 Preston Avenue, Suite B</b> Charlottesville VA 22903 434-296-8851 1-800-390-9983	Albemarle County Charlottesville Fluvanna County Greene County Louisa County Nelson County



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VIRGINIA LEGAL AID PROJECTS

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Central Virginia Legal Aid Society 10-A Bollingbrook Petersburg VA 23803 804-862-1100	Charles City County Colonial Heights Dinwiddie County Hopewell Petersburg Prince George County Surry County
Eastern Virginia Legal Aid Society 125 St. Paul's Boulevard, <b>Suite 400</b> Norfolk VA 23510 757-627-5423 1-800-868-1072	Chesapeake Norfolk Portsmouth Virginia Beach
Legal Aid Justice Center 1000 Preston Avenue, Suite A Charlottesville VA 22903 434-977-0553 1-800-578-8111	Albemarle Charlottesville Fluvanna Greene Louisa Nelson
Legal Aid Society of Roanoke Valley <b>132</b> Campbell Avenue SW, <b>Suite 200</b> Roanoke VA <b>24011</b> 540-344-2088 1-800-711-0617	Bedford Bedford County Botetourt County Craig County Franklin County Roanoke Roanoke County Salem
Legal Services of Eastern Virginia 2017 Cunningham Dr. Suite 300 Hampton VA 23666 757-827-2912 1-800-944-6624	Chesapeake Hampton Newport News Norfolk Portsmouth Virginia Beach
Legal Services of Eastern Virginia 199 Armistead Avenue Williamsburg VA 23185 757-220-6837 1-800-455-8208	Gloucester County James City County Mathews County Middlesex County Poquoson Williamsburg York County



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VIRGINIA LEGAL AID PROJECTS

<u>Name and Address</u>	<u>Areas Served</u>
Legal Services of Eastern Virginia 36314 Lankford Highway, Suite 5 P.O. Box 306 Belle Haven VA 23306 757-442-3014 1-800-455-8208	Accomack County Northampton County
Legal Services of Northern Virginia <b>6066 Leesburg Pike</b> Suite <b>500</b> Falls Church VA <b>22041</b> 703-778-6800	Alexandria Arlington County Fairfax County
Legal Services of Northern Virginia 603 King Street, 4 <sup>th</sup> Floor Alexandria VA 22314 703-684-5566	Alexandria
Legal Services of Northern Virginia 1916 Wilson Boulevard, Suite 200 Arlington VA 22201 703-532-3733	Arlington County Falls Church
Legal Services of Northern Virginia 4080 Chain Bridge Road Fairfax VA 22030 703-246-4500	Fairfax Fairfax County
Legal Services of Northern Virginia <b>109 N. King Street, SW</b> Leesburg VA <b>20176</b> 703-777-7450	Loudoun County
Legal Services of Northern Virginia 9240 Center Street Manassas VA 20110 703-368-5711	Manassas Manassas Park Prince William County
<b>Legal Services of Northern Virginia</b> <b>8305 Richmond Highway, Suite 17B</b> <b>Alexandria, VA 22309</b> <b>703-778-3448</b>	<b>Fairfax County</b>



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VIRGINIA LEGAL AID PROJECTS

<u>Name and Address</u>	<u>Areas Served</u>
Rappahannock Legal Services, Inc. 910 Princess Anne Street Fredericksburg VA 22401 540-371-1105	Caroline County Fredericksburg King George County Spotsylvania County Stafford County
Rappahannock Legal Services, Inc. 314 North West Street Culpeper VA 22701 540-825-3131	Culpeper County Fauquier County Madison County Orange County Rappahannock County
Rappahannock Legal Services, Inc. P.O. Box 1662 Tappahannock VA 22560 804-443-9393 1-800-572-3094	Essex County King & Queen County King William County Lancaster County Northumberland County Richmond County Westmoreland County
Southwest Virginia Legal Aid Society, Inc. 155 Arrowhead Trail Christiansburg VA 24073 540-382-6157 1-800-468-1366	Floyd County Giles County Montgomery County Pulaski County Radford
Southwest Virginia Legal Aid Society, Inc. 227 West Cherry Street Marion VA 24354 276-783-8300 1-800-277-6754	Bland County Bristol Carroll County Galax Grayson County Smyth County Washington County Wythe County
Southwest Virginia Legal Aid Society, Inc. <b>16932 West Hills Drive</b> P.O. Box 670 Castlewood VA 24224 276-762-9356 1-888-201-2772	Buchanan County Dickenson County Lee County Norton Russell County Scott County Tazewell County Wise County



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VIRGINIA LEGAL AID PROJECTS

<u>Name and Address</u>	<u>Areas Served</u>
Virginia Legal Aid Society 513 Church Street Lynchburg VA 24504 <b>434-846-1326</b> <b>1-866-534-5243</b>	Amherst County Appomattox County Campbell County Halifax County Lynchburg
Virginia Legal Aid Society 105 S. Union Street, Suite 400 Danville VA 24541 <b>434-799-3550</b> <b>1-866-534-5243</b>	Danville Martinsville Henry County Patrick County Pittsylvania County
Virginia Legal Aid Society, Inc. 104 High Street Farmville VA 23901 <b>434-392-8108</b> <b>1-866-534-5243</b>	Amelia County Buckingham County Charlotte County Cumberland County Lunenburg County Mecklenburg County Nottoway County Prince Edward County
Virginia Legal Aid Society, Inc. 112 W. Washington Street, Suite 300 P.O. Box 3356 Suffolk VA 23434 757-539-3441 <b>1-866-534-5243</b>	Franklin Isle of Wight County Smithfield Southampton Suffolk
Virginia Legal Aid Society, Inc. 412 South Main Street Emporia VA 23847 434-634-5172 <b>1-866-534-5243</b>	Brunswick County Emporia Greensville County Sussex County
Legal Aid Justice Center 1000 Preston Avenue, Suite A Charlottesville VA 22903 <b>434-977-0553</b> 1-800-200-8479	State of Virginia for Farm Workers and Low Wage Immigrants
Legal Services Corporation of Virginia 700 E. Main Street, Suite S-1504 Richmond, VA 23219 804-782-9438	State of Virginia



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VIRGINIA LEGAL AID PROJECTS

Name and Address

Virginia Poverty Law Center, Inc.  
700 E. Franklin Street, Suite 14T1  
Richmond, VA 23219  
804-782-9430

Areas Served

State of Virginia



PART XX

DISASTER FOOD STAMP PROGRAM

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A. INTRODUCTION

In the event of an emergency or major disaster, such as a hurricane, tornado, storm, flood, snowstorm, drought, fire, explosion or other disaster, the regular Food Stamp Program may be unable to handle the increased number of households needing food assistance. Under certain conditions, localities and states can request the Food and Nutrition Service (FNS) to authorize implementation of the Disaster Food Stamp Program (DFSP).

ISSUANCE AND CERTIFICATION FUNCTIONS MUST BE SEPARATED, SUCH THAT THE SAME PERSON DOES NOT DETERMINE ELIGIBILITY, SET UP ACCOUNTS, AND ISSUE BENEFITS. Staff performing these functions must be trained.

This part of the manual explains how a local agency seeks authorization to implement the DFSP, the eligibility rules around certification, and EBT card issuance procedures.

The forms for operating a disaster program are in [Appendix I](#) of this chapter. An administrative guide for operating a disaster program is in [Appendix II](#) of this chapter.

B. PRE-CONDITIONS FOR AUTHORIZATION OF THE DISASTER FOOD STAMP PROGRAM

1. The following pre-conditions must be met before the DFSP can be authorized:
  - a. Commercial channels of food distribution (wholesale and retail food outlets) must have been both DISRUPTED and subsequently RESTORED such that they are now currently available.
  - b. The regular Food Stamp Program must be unable to handle the increased number of households needing food stamp assistance expeditiously.
2. Commercial channels of food distribution must be DISRUPTED under any of the following conditions, provided the condition was directly caused by the disaster:
  - a. Retail food outlets are closed.
  - b. Normal operating hours of food outlets are reduced to the extent that a household's opportunity to purchase food supplies is significantly reduced.
  - c. Power failure significantly restricts the operation of food outlets.



- d. Household access to retail food outlets is limited because of disruption to transportation (such as damage to roads or bridges or disruption in otherwise availability of public transportation).
  - e. Unusually heavy demand for food exists such that a household's opportunity to purchase food supplies is significantly reduced.
  - f. Delivery of food supplies to food outlets is significantly hampered to the extent that a household's opportunity to purchase food supplies is significantly reduced.
3. Commercial channels of food distribution will be considered RESTORED when conditions or operations have been improved to the extent that households have reasonable access to food outlets with sufficient food supplies.

C. ALTERNATIVES TO THE DISASTER FOOD STAMP PROGRAM

Implementation of the DFSP is not appropriate for every disaster. The choice of whether to utilize the regular Food Stamp Program or to request FNS authorization of the DFSP depends on the nature of the disaster.

1. The following factors suggest continued utilization of the regular Food Stamp Program:
- a. The affected population is fairly small.
  - b. The affected population is mostly the same population that is already eligible for or would be eligible for food stamps under the regular Food Stamp Program.
  - c. The disaster appears to be fairly short term.
  - d. The increase in the demand for food stamps is expected to be manageable.
  - e. The regular Food Stamp Program would be able to adequately respond to the needs of the affected population.
2. The following factors suggest implementation of the Disaster Food Stamp Program:
- a. The affected population is large.



- b. The affected population includes a large population that would not be eligible for food stamps under the regular Food Stamp Program.
  - c. The disaster is severe and widespread.
  - d. The increase in the demand for food stamps is expected to be dramatic.
  - e. The damage is so severe and widespread that application procedures under the regular Food Stamp Program would be too cumbersome.
  - f. The disaster is such that many households would not have the verifications required by the regular Food Stamp Program.
  - g. The affected population needs benefits more quickly than would be provided under the regular Food Stamp Program.
  - h. The regular Food Stamp Program would not be able to adequately respond to the immediate needs of the affected population.
3. Implementation of a Modified Food Stamp Program.

An alternative to either the DFSP or the regular program is operation of a Modified Food Stamp Program. Under this alternative, the locality or state operates the regular program with some changes to accommodate the disaster. For example, a one-time calculation for disaster-caused expenses may be allowed as an expense in the calculation for benefits, where under the regular program, many disaster-caused expenses are not routinely allowed in the calculation. Another change could be that benefits are not prorated from the date of application.

The Modified Food Stamp Program may be used in situations where the damage is severe, but limited to a particular neighborhood or area, such as a flood affecting one town in a county.

The modifications to the regular program would depend on the nature of the disaster and eligibility changes must be negotiated with and approved by FNS.

Virginia's Modified Food Stamp Program includes these features to date:

- Households must have had a loss of income or damage to their home property or self-employment property to qualify for the Modified Food Stamp Program;



- All applications will be expedited;
- There is a special one-time deduction for disaster caused expenses paid or expected to be paid from the date of the disaster through the next 30 days;
- Regular income and resource limits will apply. If the household is eligible for the second month's benefits without the special disaster deduction, the household can be certified up to six months.
- Disaster applications will not be prorated, but the allotment may vary based on the net income of the household;
- The allotment for the month of disaster benefits is not subject to Quality Control Review.

#### D. ASSESSMENT AND EVALUATION OF A DISASTER

Once the disaster has struck, the local department of social services director in each locality affected must contact the Home Office of the Virginia Department of Social Services to provide information regarding the extent of the damage caused by the disaster. The purpose of this contact is to discuss and determine information specific to this disaster that may need to be gathered and submitted with the request to run a disaster program, e.g., data from the electric company about the extent of power outages. The local agency and Home Office will also discuss whether the DFSP or a Modified Food Stamp Program is the appropriate response.

The local social services agency must request approval to run either the DFSP or the Modified Food Stamp Program. The request must be in writing and submitted to Home Office of the Virginia Department of Social Services. A sample template for the request is in Appendix III of this chapter. The request must include the following information:

1. The type of disaster and the date the disaster began.
2. A description of the affected geographical area(s) within the locality. If only part of the locality was affected, use street names and zip codes to define geographical areas within the locality in need of assistance. Provide maps if available.
3. Status of food distribution, i.e., a statement whether commercial channels of food distribution have been both disrupted and restored.
4. Needs Assessment Part A, which is a statement of why the food assistance needs of these households cannot be met by the regular Food Stamp Program.



5. Needs Assessment Part B, i.e., an estimate of the number of households expected to apply, and whether the DFSP or a Modified Food Stamp Program is needed to meet the needs.
  6. An estimate of how long it will take to accept and process DFSP or Modified Food Stamp Program applications from the affected population. This disaster application processing period cannot exceed seven days. Include the date application processing is anticipated to begin.
  7. Indicate the disaster period requested, i.e., whether a full or half-month's worth of benefits. This recommendation will be based on the nature, severity, and anticipated duration of the disaster.
  8. Information on any disaster relief agencies which the local agency wants to use in administering the DFSP. Specify the functions to be delegated to the disaster relief agency in connection with the certification and issuance of food stamp benefits and the geographical areas in which these functions will be performed.  
NOTE: The use of a disaster relief agency requires FNS approval. The use of volunteers does not require FNS approval.
  9. Public information plans for informing the public about the availability of the DFSP or the Modified Food Stamp Program. Identify the media outlets or government web sites the local agency will use.
  10. Describe procedures for accepting and processing applications, including crowd management procedures at application and issuance sites and fraud prevention measures.
  11. Describe procedures for issuing benefits.
  12. Indicate the number of eligibility workers available to process applications.
  13. Provide any additional information that may be helpful in processing the request, such as conditions in the locality (e.g., duration of power outages, shut down of major employers.)
- E. APPLICATION TO FNS FOR AUTHORIZATION OF THE DISASTER FOOD STAMP PROGRAM

Upon completion of the application to operate a DFSP or a Modified Food Stamp Program, local officials must submit the application to the Food Stamp Unit at the Virginia Department of Social Services. Virginia Department of Social Services staff will submit the application to FNS on the locality's behalf.



F. FNS AUTHORIZATION TO IMPLEMENT THE DISASTER FOOD STAMP PROGRAM

1. APPROVAL OR DENIAL. FNS approval or denial will be made to Home Office. The letter of approval will generally contain procedures the locality will follow that are specific to the disaster. The approval or denial may be as immediate as the next day.

If the application is denied, Home Office may request a review of the denial should additional information subsequently become available to substantiate the request for authorization.

2. GEOGRAPHICAL AREA. FNS will specify the locality or parts of localities where the DFSP or Modified Food Stamp Program is authorized.
3. DISASTER APPLICATION PERIOD. FNS will authorize a period of up to seven days for receiving, processing, and approving applications. Depending on the volume, processing applications may continue to occur after the expiration of the application period.

No DFSP or Modified Food Stamp Program application may be taken after the expiration of the disaster application period.

4. DISASTER BENEFIT PERIOD. For the DFSP, FNS will specify either a half-month or a full month disaster benefit period, depending on the nature, severity, and anticipated duration of the disaster. If a Modified Food Stamp Program is used, a three- to six- month certification period will be assigned, depending on the modifications requested by the state and locality and approved by FNS.
5. USE OF DISASTER RELIEF AGENCY. FNS will authorize the use of any disaster relief agency in administering the Disaster Food Stamp Program as well as specifically authorize which functions the agency may perform in connection with the certification and distribution of food stamps.

G. APPLICATION TO FNS FOR EXTENSION OF THE DISASTER FOOD STAMP PROGRAM

An extension of the GEOGRAPHIC AREA covered by the DFSP may be requested if the effects of the disaster are more widespread than originally determined.

An extension of the DISASTER APPLICATION PERIOD may be requested if a significant number of DFSP applications cannot be taken during the original application processing period.



#### H. INFORMING THE PUBLIC

Local agencies serving the affected areas must ensure the public is advised that disaster food stamp assistance is available; how to apply for benefits; where and when to apply; eligibility and verification requirements; the proper use of food stamp benefits and EBT cards; retailer availability; penalties for fraud; and a post-disaster review of food stamp applications.

Use should be made of television and radio stations, newspapers, local service agencies, other disaster relief agencies, bulletin boards in and around the affected area, government websites, and by any other means necessary to ensure the public is adequately advised.

Special efforts must be made to contact those segments of the community that may not be reached by mainstream media, such as persons living in rural areas, the elderly and disabled, the deaf and hearing impaired, and the non-English speaking. Suggested wording for a flyer and news release are in [Appendix V](#) of this chapter. A poster that must be at all application sites is also in [Appendix V](#).

#### I. MAJOR DIFFERENCES BETWEEN THE REGULAR FOOD STAMP PROGRAM AND THE DISASTER FOOD STAMP PROGRAM

There are major differences between the regular Food Stamp Program and the DFSP.

1. ELIGIBILITY CRITERIA. Eligibility criteria are less strict in order to provide food assistance to households that might not otherwise qualify for the regular Food Stamp Program.
2. VERIFICATION. Depending on the nature of the disaster, verification rules are relaxed in order to streamline the application and eligibility determination process. For example, if homes are destroyed in a tornado, verification might not be available.

At a minimum, the identity of the applicant must be verified. Residence verification is also requested but not required; i.e., the application can be processed without verification of residence.

Households may be required to verify income, resources, and expenses, depending on the nature of the disaster.

If a household must provide additional verification after the interview, the worker must advise the household that the information must be provided by the end of the period the agency is authorized to take disaster applications.



3. AMOUNT OF BENEFITS. An eligible household will be provided the maximum allotment for the household size. The allotment will not vary depending on income, as it does in the regular program.
4. DELIVERY OF BENEFITS. In the DFSP, benefits are provided within three working days of the date of application, or, if verification is still needed, within three working days of the household providing verification.
5. NON-FINANCIAL FACTORS. Some non-financial factors are not asked about or evaluated in the DFSP. These factors include:
  - Citizenship and alien status
  - Student eligibility (but students living in institutions are not eligible)
  - Striker
  - Work registration
  - Disqualification under the regular Food Stamp Program
  - Work Requirement and time-limited benefits

J. HOUSEHOLD APPLICATION PROCEDURES FOR DISASTER FOOD STAMP PROGRAM

To apply for food stamps under the DFSP, the household or its authorized representative must complete and submit an Application for Disaster Food Stamp Benefits. See [Appendix I](#) of this chapter for a copy of the application. The household or its authorized representative must be interviewed. At a minimum, the identity of the applicant must be verified.

If an authorized representative is applying on behalf of a household, written permission from the head of the household must be provided.

1. FILING AN APPLICATION. If the web-based DFSP application is used, the household must sign a Request for Disaster Food Stamp Assistance in order to inform the household that the Social Security Numbers and names of household members will be matched against various files. See [Appendix I](#) of this chapter for a copy of the request form.

If a paper application is used, the household must submit a completed and signed Application for Disaster Food Stamp Benefits to the local agency authorized for the DFSP, either in person or through an authorized representative. The agency must record on the application the date received the form is received.

If the Modified Food Stamp Program is implemented, the household must file a regular application, either the Application for Benefits, Request for Assistance and Statement of Facts or the online Virginia Food Connection application. In addition, the



household must complete an additional Modified Food Stamp Program - Request for Disaster Food Stamp Benefits form, where information is gathered about the adverse effect the household experienced, and their expenses are gathered. See [Appendix I](#) of this chapter for a copy of the modified application form.

The household must file the application during the disaster application processing period authorized by FNS. If a DFSP application is mistakenly filed outside of this disaster intake period, it must be denied.

Households that apply outside of this disaster intake period may complete an application for the regular Food Stamp Program and have the application processed according to the regular Food Stamp Program application procedures.

2. MATCHES. Applicants will be screened to prevent duplicate participation. They also will be subject to various other matches.

If the web-based application is used, the household will be screened automatically against extracts from ADAPT, the Division of Human Resources State Employee Database, Child Support Enforcement, and the web-based file itself. Match results will be provided to the worker online for information and evaluation. Persons who match in ADAPT and already received benefits through the regular food stamp program are not eligible for DFSP benefits. A match with the VDSS state employee file is an indication to the worker of an income source to explore during the interview. A match with support enforcement files is an indication to the worker of a possible income source to explore during the interview. A match with the disaster file itself shows people who have already applied for DFSP benefits and the disposition of that application.

If a paper application is used, the household members on the application must be entered into the web-based automated system to check for duplicate participation prior to approval. The application will be automatically screened against the same sources noted above as the web-based application.

If the Modified Food Stamp Program is used, applications must be screened through the Multiple Systems Inquiry like any other application.

3. INTERVIEWS. The household must be interviewed. The individual interviewed may be the head of the household, spouse, any other responsible member of the household, or an authorized representative. If an authorized representative is applying, that



person must have written permission from the household. The interviewer must review the information that appears on the application and resolve unclear or incomplete information with the household.

In addition, the interviewer must advise the household of its rights and responsibilities, including the right to a fair hearing, the proper use of food stamp benefits and EBT cards, penalties for fraud, and the civil and criminal penalties for violations of the Food Stamp Act. The interviewer must advise the household that it may be subject to a post-disaster review.

The interviewer must inform each household of the ongoing Food Stamp Program and how to apply for benefits.

Local agency certification staff, other designated agency staff, staff from other local agencies, state social services staff, and volunteers may be used to interview households and to determine eligibility. A disaster relief agency may also interview and determine eligibility, providing the agency has been approved by FNS.

4. VERIFICATIONS. Verification requirements will depend on the nature of the disaster, e.g., if homes were leveled, verification of several elements may be waived. Identity of the applicant is always verified. Examples of acceptable verification of identity include, but are not limited to, a driver's license, work or school ID, voter registration card, or birth certificate. A collateral contact may be used as a source of verification if the applicant's identity cannot be verified through documentary evidence.

For items where verification can be waived, the household declaration on the application must be used in the eligibility determination.

5. HOUSEHOLD COOPERATION. If the household refuses to cooperate with any aspect of the application process, the application must be denied at the time of refusal. For a determination of refusal to be made, the household must be able to cooperate, but clearly demonstrate that it will not take actions that it can take and that are required to complete the application process.
6. BENEFIT AMOUNT CALCULATION. Households determined eligible for Disaster Food Stamp Program assistance must receive either a half-month or a full month allotment, depending on which disaster benefit period level was authorized by FNS.

The actual amount of the allotment will be based on the household size. The benefit allotment tables must be used to determine the amount of the allotment.



7. PROCESSING STANDARD. Eligible households that complete the DFSP application must have their eligibility determined the same day, or as soon thereafter as possible, in order to ensure that benefits are issued no later than the 3rd working day following the date the application was filed.

Ideally, an opportunity to obtain benefits should be provided the same day the application is approved. Benefits will be issued by vault EBT cards.

If, due to the volume of applications, additional processing time is needed, the local agency must forward the request for additional time to the Home Office, Food Stamp Unit. The request must indicate the date by which all DFSP applications will be processed.

8. CERTIFICATION NOTICES. The household must be advised in writing of the disposition of the application. See the [Appendix I](#) of this chapter for the Notice of Action for the Disaster Food Stamp Program. If an application is approved, the household must be advised of the amount of the allotment and the period the benefits are intended to cover. If the application is denied, the basis of denial must be explained. If an application is withdrawn, list the date of the withdrawal on the notice to confirm it. Appeal information is on the notice.
9. HANDLING CURRENT FOOD STAMP HOUSEHOLDS. In some disasters, ongoing food stamp recipients may apply and be certified for disaster benefits. In some disasters, FNS has approved others options such as the issuance of automatic replacements to ongoing households. The manner in which ongoing households are handled will be determined in negotiations with FNS at the time of a disaster.

K. ELIGIBILITY REQUIREMENTS FOR DISASTER FOOD STAMP PROGRAM ASSISTANCE

To be eligible for the DFSP, a household must meet basic eligibility factors or requirements. These eligibility factors are for the household to: live in the affected area (Residency); intend to purchase and prepare food during the disaster benefit period (Purchase and Prepare); have suffered an adverse effect as a result of the disaster (Adverse Effect); be evaluated with people who would normally be part of the household (Household Composition), and to meet the income and resource eligibility test (Income and Resource Test). These factors are explained fully below.

1. RESIDENCY. At the time the disaster struck, the household must have been residing within the geographical area authorized for



implementation of the Disaster Food Stamp Program. Such a household may be certified even though it is temporarily residing outside of this area. In this situation, the household would need to apply at the local agency where it lived at the time of the disaster.

2. PURCHASE AND PREPARE. The household must intend to purchase food and prepare meals during the disaster benefit period.
3. ADVERSE EFFECT. Depending on the disaster, the household must have experienced one or more of the following adverse effects that directly result from the disaster. Additional adverse effects may be identified at the time of the disaster.

a. Loss or Inaccessibility of Income.

Loss or inaccessibility of income means a reduction or termination of income, or a significant delay in receipt of income, due to the disaster. This could occur, for example, if a disaster has caused a place of employment to close or reduce its work days, or if the work location is inaccessible due to the disaster (e.g., roads washed out).

b. Inaccessibility of Liquid Resources.

Inaccessibility of liquid resources includes situations in which the financial institutions in which the household has its resources are expected to be closed due to the disaster for at least half of the disaster benefit period.

c. Disaster-Caused Expenses Due to Damage to the Home Property or Self-Employment Business.

The household must have had damage to the home property or self-employment business in order to qualify under this criterion for the DFSP.

4. HOUSEHOLD COMPOSITION. The household must include as part of the application process the people normally living and eating together as of the date of application. Do not include any persons temporarily staying with the household or with whom the household is temporarily staying. If members of the family are not together on the date of application because of circumstances directly related to the disaster, but they were living and eating together on the date of the disaster, include those persons also.

Examples

In the following examples, the date of the disaster is September 18. The date of application is September 30.



- a) Client applies 9/30 for herself. Her husband, who was in the home on 9/18, went to jail on 9/20. He is not included as a household member; he is not there on the date of application and his absence is not related to the disaster.
- b) Client and her husband moved in temporarily with her mother because their house was flooded. Do not include the mother because the client and her husband are temporarily staying there.
- c) Client's sister moved in with her temporarily because the sister has no power. Do not include the sister on the client's application.
- d) Client applies for herself and a baby born 9/20. The new baby is included because he is now part of the permanent household, even though he was not there on the date of the disaster.
- e. Client and her husband have four children. Their home was destroyed in a tornado. Nobody can house all six of them, so three children are with their grandmother, and the other three people are with the client's sister. The application can include the family of six, because they were living and eating together on the date of the disaster and the reason they are scattered is directly due to the disaster.
- f) Client's daughter is home from college because the college closed down. Do not include the college student because she is there temporarily.
- g) Client normally resides in the barracks on a military base. He is not eligible for benefits because he is in a facility that provides him food.

Students or others who have meals provided are considered residents of institutions and are not eligible for DFSP or the Modified Food Stamp Program.

- 5. INCOME AND RESOURCES TEST. The household must meet the disaster income limits. This is determined as follows:
  - a. Determine the household's earned and unearned income during the disaster benefit period.  
  
Count income the household has received during the disaster benefit period, or is expected with reasonable certainty to be received during this period.



For earned income, count "take-home" pay. This means NET wages and salaries received after taxes and all other payroll withholding is taken out; net self-employment income earned after personal income taxes and social security taxes as well as costs of producing the income are subtracted.

Count the net unearned income the household has already received or expects to receive during the disaster benefit period. Unearned income includes, but is not limited to, Social Security (death, retirement or disability), SSI, child support, pensions, unemployment compensation, TANF, and any other payments not excluded by the regular program.

For the DFSP, average weekly and bi-weekly income is NOT converted to a monthly figure by the 4.3 or 2.15 conversion factors used in the regular program. Rather, the worker must determine the income already received during the disaster period, and anticipate the income expected for the rest of the disaster period.

Example

The disaster period is August 17 through September 16. The household files a DFSP application on August 30. The client has 4 pay dates during the disaster period. He had a full paycheck on August 23, but no pay on August 30 because the business flooded. He expects full pay again for the next two pay dates, because he is back at work. Count the one pay received and the two anticipated basing the amounts for the anticipated two on the one received.

DFSP income does NOT include any disaster assistance payments received or expected to be received during this period from Federal, State, or local government agencies or disaster assistance or relief organizations.

Income that is excluded under regular program rules is also excluded under disaster rules.

- b. Determine the household's accessible liquid resources as of the date of application.

All liquid resources that the household can access must be counted. They include, but are not limited to, cash on hand, money in checking, savings, and credit union accounts, Christmas Club accounts, Vacation Club accounts, certificates of deposit and money market accounts.



Jointly held resources between married persons belong to each party equally.

Jointly held resources between other people belong to the parties in proportion to their net contributions. If the parties establish that they intended a different ownership arrangement, that arrangement prevails.

Example

A daughter is listed on her elderly mother's bank account. The daughter and her mother say the money belongs to the mother. The account is not a resource to the daughter.

Individual Retirement Accounts, stocks, bonds and Keogh plans are not counted.

Do not count the same money as income and a resource for the same month.

Example

A client's paycheck is directly deposited in a checking account. Count the paycheck as income but deduct that amount from the resource balance.

c. Determine the household's allowable disaster-caused expenses.

Generally, disaster-caused expenses are limited to expenses the household has paid or expects to pay during the disaster benefit period and for which the household does not expect to receive reimbursement during the disaster benefit period. Note that expenses to protect property from damage, which may occur prior to the disaster (e.g., boarding windows before the disaster event) are allowable.

The following disaster-caused expenses can be considered:

- 1) Food destroyed in the disaster that the household has replaced or intends to replace.
- 2) Dependent care expenses directly due to the disaster.
- 3) Medical or funeral expenses related to the disaster.
- 4) Cost to repair or replace disaster damage to the home.
- 5) Cost to repair or replace tools/equipment needed for work.



- 6) Temporary shelter expenses, if unable to live at home.
- 7) Moving expenses, if evacuated from home.
- 8) Expenses to protect property from disaster damage.
- 9) Other disaster caused expenses specified by the household (e.g., the insurance deductible).

If the household has received or is reasonably certain to receive reimbursement for all or part of the expense during the disaster benefit period, then only the net expense to the household are deductible, e.g., the insurance deductible.

- d. To calculate eligibility manually, follow these steps:

Add the household's countable income plus its accessible liquid resources.

Then, subtract allowable disaster-caused expenses.

Compare this result to the disaster income limits for the appropriate household size in the table below. If the household's income is at or below the limit, the household is eligible for the benefit shown:

HOUSEHOLD SIZE	INCOME LIMIT <sup>1</sup>	BENEFIT AMOUNT	
		FULL MONTH	HALF MONTH <sup>2</sup>
1	\$1332	\$152	\$ 76
2	\$1604	\$278	\$139
3	\$1875	\$399	\$199
4	\$2147	\$506	\$253
5	\$2442	\$601	\$300
6	\$2735	\$722	\$361
7	\$3007	\$798	\$399
8	\$3279	\$912	\$456
Each additional person	+\$272	+\$114	+\$57

Note<sup>1</sup> The income limit for the Disaster Food Stamp Program is equal to the sum of the maximum net income limit plus the maximum standard deduction and the maximum shelter expense deduction.

Note<sup>2</sup> The half-month benefit amount is calculated by dividing the full month amount by two and rounding down to the nearest whole dollar amount.

- e. For eligible households, the worker must complete the Internal Action Form for Disaster Food Stamps to authorize the issuance of the EBT card. See the Forms Section of this Chapter for a copy of the form.



L. DISASTER FOOD STAMP PROGRAM BENEFIT PERIOD

1. The benefit period for the DFSP is not based on a calendar month as it is for the regular Food Stamp Program. The benefit period is determined by the disaster benefit period authorized by FNS. The period will be either a half-month (15 days) or a full month (30 days). (In past experience running the DFSP, the benefit period has always been a full month.)
2. The full amount of accessible liquid resources must be counted regardless whether the length of the disaster benefit period is a half month or a full month.
3. If the disaster benefit period is a half-month, income over the 15 day period must be counted. Disaster-caused expenses paid or expected to be paid during this 15-day period must be deducted. The maximum income eligibility limit must not exceed the disaster income eligibility limit, as shown in the table in Chapter K.

If the disaster benefit period is a full month, then income during the 30-day period must be counted. Disaster-caused expenses that are paid or expected to be paid during this 30-day period must be deducted. The maximum income limit for the appropriate household size must not exceed the disaster income eligibility limit as shown in the table in Chapter K.

M. VAULT CARD ISSUANCE PROCEDURES

To issue EBT cards in the DFSP, Virginia's EBT Contractor will provide access to EBT Administrative Terminal screens so that local agencies can issue vault cards, set up accounts, and post benefits directly into the EBT system. To gain access to this system, workers will need one of two special profiles designed for emergency benefit issuance. The two profiles are:

Profile 15 (MNVADIW) for the issuance worker. This profile allows access to screens necessary to establish a new disaster Food Stamp case and attach and issue a vault card to that case.

Profile 14 (MNVADWF) for the fiscal worker. This profile allows access to screens necessary to post benefits to a case.

The Profile Request form is available online at:

<http://www.dss.state.va.us/redirect/?58>. Requests should be submitted when the local director requests approval to operate the DFSP. Requests are submitted to Virginia Department of Social Services, Division of Information Systems - Security.



For the DFSP, eligible households must receive a new EBT card and EBT account even if they are already known to the EBT system. Procedures for setting up EBT accounts are in [Appendix IV](#) of this chapter.

To issue EBT cards in the Modified Food Stamp Program, the local agency must issue vault cards in the same manner they are issued for regular program operations. The eligibility worker must authorize issuance of a vault card in ADAPT, note approval for immediate issuance availability, and prepare the Internal Action Form. Benefits are batched in the regular immediate issuance batches throughout the day. Refer to the EBT manual - Chapter C discusses issuance to authorized representatives, Chapter D discusses card issuance; Chapter F-1 to F-2 discusses the overnight and immediate batches.

For the Modified Food Stamp Program, the agency may use an existing EBT account or EBT card. If the household needs a replacement EBT card, the agency must credit the replacement card fee.

Under either the DFSP or the Modified Food Stamp Program, households must select or change the PIN to access benefits through the Automated Response Unit.

#### N. FAIR HEARINGS AND CONFERENCES

Households denied Disaster Food Stamp Program benefits may request a fair hearing in accordance with [Part XIX](#). If the household decides to withdraw its request for a fair hearing, the request must be in writing.

Households may also request a local agency conference in accordance with [Part XIX](#). A requested conference must be provided within three working days because of the short processing time for disaster applications. The conference is not a replacement for the fair hearing process.

#### O. TRANSITION TO THE REGULAR FOOD STAMP PROGRAM

Households that are issued DFSP benefits may follow up and file applications for the regular program. In such situations, benefits for the regular program must be prorated from the day following the end of the disaster benefit period, or the day of application for the regular program, whichever is later.

##### Example

The DFSP benefit period is August 18 through September 17. The household filed for and got disaster benefits on September 1. The household files an application for the regular program on September 15. If eligible, benefits are prorated from September 18, the day following the end of the disaster benefit period.



P. DISASTER REPORTS

Each day the following information must be reported to FNS. This information will be gathered at the end of each business day from the web-based system, or from ADAPT if the Modified Food Stamp Program is used. If a paper application is used, the data will come from the Master Issuance File or EBT files. The data gathered daily is:

1. The number of households approved, broken down by households already participating in the normal, ongoing Food Stamp Program and new, non-participating households;
2. The total number of persons approved, broken down by people already participating in the normal, ongoing Food Stamp Program and new, non-participating people;
3. The total dollar value of food stamp benefits, broken down by households already participating in the normal, ongoing Food Stamp Program and new, non-participating households;
4. The average dollar value of food stamp benefits per household; and
5. The total number of households denied.

Q. RECIPIENT CLAIMS

Claims for overissued disaster food stamp benefits must be established as soon as possible, but no later than the quarter following discovery of the overissuance. Regular Food Stamp Program rules apply. See [Part XVII](#).

R. INTENTIONAL PROGRAM VIOLATION DISQUALIFICATION

Disqualification in the regular Food Stamp Program does not disqualify a person from the Disaster Food Stamp Program. Committing an Intentional Program Violation (IPV) in the Disaster Food Stamp Program will count towards disqualification in the regular Food Stamp Program however. See [Part XVII](#).



APPENDIX I

DISASTER FORMS

<u>FORM NUMBER</u>	<u>NAME</u>	<u>PAGES</u>
032-03-550/3	Application for Disaster Food Stamp Program Benefits	1-5
032-03-663	Request for Disaster Food Stamp Assistance	6-7
032-03-665	Modified Food Stamp Program - Request for Disaster Benefits	8-9
032-03-664	Internal Action and Vault EBT Card Authorization for Disaster Food Stamp Benefits	10-12
032-03-662	Notice of Action - Disaster Food Stamp Program	13-14
032-03-391	Vault EBT Card Issuance Log	15-16
	Card Activation and PIN Selection Process	17



## APPLICATION FOR DISASTER FOOD STAMP BENEFITS

Disaster Benefit Period

TO

AGENCY USE ONLY

CASE NAME

FIPS

CASE NUMBER

ATTACHMENTS: Y or N

# \_\_\_\_

WORKER NAME

WORKER NUMBER

DATE RECEIVED

### INSTRUCTIONS:

Complete this application honestly and to the best of your knowledge. If you give false or misleading information or withhold information to receive benefits, you may be prosecuted or referred for an Administrative Disqualification Hearing. You may also be required to repay any benefits you erroneously received. If your household knows and refuses to give the needed information, you will not be eligible to receive Disaster Food Stamp benefits. The information you give, including social security numbers, may be matched against Federal, State, and local records to determine if it is accurate. In addition, this information will be used to prevent duplicate receipt of benefits from more than one social service agency at the same time, and to inquire the Department of Human Resources state employee database. At your interview, you must provide proof of your identity. You may also be required to provide proof of residence, income, resources, and expenses. Tell your worker if you want someone not in your household to apply for and/or pick-up and/or use your Disaster Food Stamp benefits on your behalf.

HEAD OF HOUSEHOLD (LAST NAME, FIRST, MIDDLE/ MAIDEN, SUFFIX):

PERMANENT ADDRESS (STREET, CITY, ZIP):

TEMPORARY ADDRESS (IF DIFFERENT):

Telephone:

AUTHORIZED REPRESENTATIVE: Written permission from Head of Household? ☐ YES ☐ NO

### PART I: HOUSEHOLD SITUATION

1. ☐ YES ☐ NO Were you residing in the disaster area at the time of the disaster?
2. ☐ YES ☐ NO Has your home property or self-employment property in the disaster area been damaged or destroyed by the disaster?
3. ☐ YES ☐ NO Will you be purchasing food during the Disaster Benefit Period indicated above?
4. ☐ YES ☐ NO Have you paid or do you expect to pay any disaster-caused expenses during the Disaster Benefit Period?
5. ☐ YES ☐ NO Has your income been delayed, reduced, or stopped because of the disaster?
6. ☐ YES ☐ NO Does your household have any cash or money in bank or other financial institution accounts that is not available for your household to use because of the disaster?
7. ☐ YES ☐ NO Do you currently receive Food Stamps? From where: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
8. ☐ YES ☐ NO Was any food purchased with Food Stamp Benefits destroyed in the disaster? Amount: \$ \_\_\_\_\_

### PART II: HOUSEHOLD MEMBERS, INCOME AND RESOURCES

List ALL persons normally living and eating with you as of the date of this application. Do not include any persons temporarily staying with you or with whom you are temporarily staying. If members of your family are not together today because of circumstances directly related to the disaster, but they were living and eating with you on the date of the disaster, include those persons also.

Enter the total amount of ALL earned and unearned income received or expected to be received for ALL household members during the DISASTER BENEFIT PERIOD \_\_\_\_\_ to \_\_\_\_\_. Income includes, but is not limited to, take-home (net) salary and wages for full and part-time jobs, pensions, self-employment, child support, Social Security death, retirement, and disability benefits, and Supplemental Security Income. Source means: for wages- name of employer, for self-employment- name of business, and for child support- name of payor.

Enter the amount of ALL resources as of the date of this application for ALL household members. Resources include, but are not limited to, cash on hand, money in checking and regular savings accounts, certificates of deposit, money market accounts, and Christmas and Vacation Club accounts. Resources do NOT include IRA Accounts, stocks, bonds, and KEOGH Plans. Source means: for all types, except cash on hand, the name of the financial institution.



Please be sure to enter an answer in every row. If a person does not have the income or resource type listed, enter NA for not applicable.

IF YOU NEED TO INCLUDE ADDITIONAL HOUSEHOLD MEMBERS, INCOME, OR RESOURCES, PLEASE ASK FOR ANOTHER COPY OF THIS PAGE.

List Head of Household under 1. List other household members under 2 through 5. List a Social Security Number (SSN) and date of birth (DOB) for all members. List an amount and source (if applicable) for each income and resource type listed below.			1.NAME (Last, First, MI, Suffix):	2.NAME (Last, First, MI, Suffix):	3.NAME (Last, First, MI, Suffix):	4.NAME (Last, First, MI, Suffix):	5.NAME (Last, First, MI, Suffix):
			SSN:	SSN:	SSN:	SSN:	SSN:
			DOB:	DOB:	DOB:	DOB:	DOB:
<div>DISASTER BENEFIT PERIOD</div> <div>to</div> <div>INCOME AMOUNTS</div>	TAKE-HOME (NET) WAGES/SALARY	AMOUNT					
		SOURCE					
	NET SELF-EMPLOYMENT	AMOUNT					
		SOURCE					
	CHILD SUPPORT	AMOUNT					
		SOURCE					
	SOCIAL SECURITY (DEATH, RETIREMENT, DISABILITY)	AMOUNT					
		SOURCE					
	PENSION	AMOUNT					
		SOURCE					
	SUPPLEMENTAL SECURITY INCOME	AMOUNT					
		SOURCE					
OTHER INCOME (SUCH AS VETERANS, UNEMPLOYMENT, TANF)	AMOUNT						
	SOURCE						
<div>CURRENT RESOURCE AMOUNTS</div>	CASH ON HAND	AMOUNT					
		SOURCE					
	CHECKING ACCOUNT(S)	AMOUNT					
		SOURCE					
	SAVINGS ACCOUNT(S) CHRISTMAS CLUBS, VACATION CLUBS	AMOUNT					
		SOURCE					
	CERTIFICATE(S) OF DEPOSIT/ MONEY MARKET ACCOUNT(S)	AMOUNT					
		SOURCE					
	OTHER RESOURCES	AMOUNT					
		SOURCE					



### PART III: DISASTER-CAUSED EXPENSES

List disaster-caused expenses you have already paid and/or expenses you expect to pay during the Disaster Benefit Period \_\_\_\_\_ to \_\_\_\_\_. Do not list expenses that have been or will be reimbursed to you.

Do you have homeowner's/ renter's insurance? ☐ YES ☐ NO

If yes, what is the amount of your deductible? \_\_\_\_\_

	PAID	EXPECT TO PAY
1. Cost to replace food destroyed in the disaster.	1.	1.
2. Dependent care expenses related directly to the disaster (e.g., school was closed; applicant had to pay a babysitter because children were home).	2.	2.
3. Medical, funeral expenses related to the disaster.	3.	3.
4. Cost to repair or replace disaster damage to home property.	4.	4.
5. Cost to repair or replace tools/equipment needed to work.	5.	5.
6. Temporary shelter expenses, if not able to live at home.	6.	6.
7. Moving expenses, if evacuated from home.	7.	7.
8. Expenses to protect property from disaster damage.	8.	8.
9. Other disaster-caused expenses (such as insurance deductible). Specify:	9.	9.

### PART IV: PENALTY WARNING

IF YOU GIVE FALSE OR MISLEADING INFORMATION OR WITHHOLD INFORMATION TO RECEIVE BENEFITS, YOU MAY BE PROSECUTED OR REFERRED FOR AN ADMINISTRATIVE DISQUALIFICATION HEARING. YOU ALSO MAY BE REQUIRED TO REPAY ANY BENEFITS YOU ERRONEOUSLY RECEIVED. IF YOUR HOUSEHOLD RECEIVES FOOD STAMPS, YOU MUST NOT (1) GIVE OR SELL FOOD STAMP ELECTRONIC CARDS TO ANYONE NOT AUTHORIZED TO USE THEM, (2) ALTER ANY FOOD STAMP ELECTRONIC CARDS TO GET BENEFITS YOU ARE NOT ENTITLED TO RECEIVE, (3) USE FOOD STAMP BENEFITS TO BUY UNAUTHORIZED ITEMS, SUCH AS ALCOHOLIC DRINKS, TOBACCO, OR PAPER PRODUCTS AND (4) USE ANOTHER HOUSEHOLD'S FOOD STAMP ELECTRONIC CARD FOR YOUR HOUSEHOLD.

ANY MEMBER OF YOUR HOUSEHOLD WHO BREAKS ANY OF THESE RULES ON PURPOSE CAN BE BARRED FROM THE FOOD STAMP PROGRAM FOR 12 MONTHS, 24 MONTHS, OR PERMANENTLY AND MAY BE FINED, IMPRISONED, OR BOTH. ANYONE COURT CONVICTED OF TRADING FOOD STAMP BENEFITS FOR A CONTROLLED SUBSTANCE COULD BE BARRED FOR 24 MONTHS OR PERMANENTLY, AND PERMANENTLY IF COURT CONVICTED OF TRADING FOOD STAMP BENEFITS FOR FIREARMS, AMMUNITION, OR EXPLOSIVES. ANYONE WHO INTENTIONALLY GIVES FALSE INFORMATION OR HIDES INFORMATION ABOUT IDENTITY OR RESIDENCE TO GET FOOD STAMPS IN MORE THAN ONE LOCALITY AT THE SAME TIME COULD BE BARRED FOR 10 YEARS.

### PART V: YOUR FOOD STAMP RIGHTS

IN ACCORDANCE WITH FEDERAL LAW AND U.S. DEPARTMENT OF AGRICULTURE POLICY, WE ARE PROHIBITED FROM DISCRIMINATING ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, RELIGION, POLITICAL BELIEFS AND DISABILITY. TO FILE A COMPLAINT OF DISCRIMINATION, WRITE USDA, DIRECTOR, OFFICE OF CIVIL RIGHTS, ROOM 326-W, WHITTEN BUILDING, 1400 INDEPENDENCE AVENUE, SW, WASHINGTON, DC. 20250-9410 OR CALL (202) 720-5964 (VOICE AND TDD). USDA IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.

### PART VI: CERTIFICATION AND SIGNATURE

I UNDERSTAND THE QUESTIONS ON THIS APPLICATION AND THE PENALTY FOR WITHHOLDING OR GIVING FALSE OR MISLEADING INFORMATION. I CERTIFY, UNDER PENALTY OF PERJURY, THE INFORMATION I HAVE GIVEN IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE RELEASE OF ANY INFORMATION NECESSARY TO REVIEW ACTIONS RELATED TO THIS APPLICATION. I UNDERSTAND THAT IF I DISAGREE WITH THE DECISIONS MADE ON MY APPLICATION, I HAVE A RIGHT TO ASK FOR A FAIR HEARING. I UNDERSTAND MY HOUSEHOLD MAY BE SELECTED FOR A FEDERAL OR STATE REVIEW TO EXAMINE ACTIONS TAKEN IN CONNECTION WITH THIS APPLICATION.

Signature (Mark) of Applicant or Authorized Representative: \_\_\_\_\_ Witness of Mark: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Worker: \_\_\_\_\_ Worker Number: \_\_\_\_\_ Date: \_\_\_\_\_



# AGENCY USE ONLY

## DISASTER ALLOTMENT CALCULATION

1. Anticipated Income \$ \_\_\_\_\_

2. Resources + \$ \_\_\_\_\_

3. Total (1 + 2) \$ \_\_\_\_\_

4. Disaster Expenses - \$ \_\_\_\_\_

5. Disaster Income (3 - 4) \$ \_\_\_\_\_

6. Disaster Income Limit: HH Size \_\_\_\_\_ \$ \_\_\_\_\_

☐ ELIGIBLE if #5 is less than or equal to #6

☐ INELIGIBLE if #5 is greater than #6

☐ WITHDRAWN on \_\_\_\_\_

☐ DENIED because: \_\_\_\_\_

☐ APPROVED

DISASTER ALLOTMENT AMOUNT: \$ \_\_\_\_\_

WORKER: \_\_\_\_\_ Date: \_\_\_\_\_

## CALCULATION FOR CURRENTLY CERTIFIED HOUSEHOLDS

1. DISASTER ALLOTMENT AMOUNT \$ \_\_\_\_\_

2. Ongoing Allotment (prorated) - \$ \_\_\_\_\_

3. Difference (1 - 2) \$ \_\_\_\_\_

4. Amount of Food Loss + \$ \_\_\_\_\_

5. DISASTER ALLOTMENT AMOUNT (3+4) \$ \_\_\_\_\_

WORKER: \_\_\_\_\_ Date: \_\_\_\_\_

IDENTITY VERIFIED

☐ YES ☐ NO

RESIDENCE VERIFIED

☐ YES ☐ NO

INCOME VERIFIED

☐ YES ☐ NO

RESOURCES VERIFIED

☐ YES ☐ NO

EXPENSES VERIFIED

☐ YES ☐ NO

METHOD and DATE:

METHOD and DATE:

SOURCE, METHOD, and DATE:

SOURCE, METHOD, and DATE:

SOURCE, METHOD, and DATE:

RECEIVED BY:

RECEIVED BY:

RECEIVED BY:

RECEIVED BY:

RECEIVED BY:

NOTES:



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APPLICATION FOR DISASTER FOOD STAMP BENEFITS

FORM NUMBER - 032-03-550

PURPOSE OF FORM - To record a household's request for disaster Food Stamp assistance and provide information about the household's circumstances to determine eligibility. To serve as a paper back-up for the automated disaster system.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The application is completed by the household or on behalf of the household by an authorized representative. The application is to be filed in a disaster case record and retained for a minimum of three years.

INSTRUCTIONS FOR PREPARATION OF THE FORM - The Disaster Benefit Period will be pre-printed on the form in four different places before reproduction of it. The worker must complete the Agency Use Section on page 1, with identifying information. Note whether there are attachments (e.g., the household needed an additional sheet to list more than 5 household members) by circling Y or N in the Attachments block, and show how many pages are attached.

The household or its authorized representative must complete and sign the application. If any information needs to be changed after it has been entered, the applicant or the authorized representative must initial and date the changes.

The Agency Worker must sign and date the application on page 3 underneath the client's or authorized representative's signature. The worker must complete page 4, with the eligibility documentation and determination of benefits if the automated system is not available.



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
FOOD STAMP PROGRAM

## REQUEST FOR DISASTER FOOD STAMP ASSISTANCE

### General Information

This request for assistance is the first part of the application process for the Disaster Food Stamp Program. You must also complete the second part of the application process by:

1. Having an interview and
2. Signing an Application for Disaster Food Stamp Benefits

### Complete and Accurate Information

You must give complete, accurate, and truthful information. If you give false or misleading information to receive benefits, you may be prosecuted or referred for an Administrative Disqualification Hearing. You may also be required to repay any benefits you erroneously received. If your household knows and refuses to give the needed information, you will not be eligible to receive Disaster Food Stamp Benefits.

### Verification and Use of Information

The information that you give, including Social Security Numbers, may be matched against Federal, State and local records to determine if it is accurate. In addition, the information will be used to prevent receipt of benefits from more than one social service agency at the same time, and to inquire the Department of Human Resources state employee database.

### Completing the Request for Assistance

If you are applying for your own household, please enter your name and other information requested in the space provided.

You may complete this request for assistance for someone else, if you have been authorized by that person to represent them. You will need a signed and dated statement from the person for whom you are applying before you can complete the application process. If you are applying for someone else, please enter the name and information of the person for whom you are applying. In addition, please enter your name and other information in the space provided.

032-03-663 (09/04)

Applicant Name	Date of Birth
Address	Social Security Number
	Telephone
Signature or Mark	Date

Authorized Representative Name	Relationship to Applicant
Address	Telephone
Signature or Mark	Date

### Your Food Stamp Rights

In accordance with Federal law and U.S. Department of Agriculture policy, we are prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs and disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.



REQUEST FOR ASSISTANCE FOR DISASTER FOOD STAMP BENEFITS

FORM NUMBER: 032-03-663

PURPOSE OF FORM: To indicate intent to apply for the Disaster Food Stamp Program by an applicant or an applicant's authorized representative.

USE OF FORM: To be completed by an applicant or authorized representative to begin the application process when using the automated Disaster Food Stamp Eligibility System. The form will notify the applicant or the applicant's authorized representative of various database screenings.

NUMBER OF COPIES: One

DISPOSITION OF FORM: The form must be retained in the case record with the signed Application for Disaster Food Stamp Benefits.

INSTRUCTIONS FOR PREPARATION OF THE FORM: The applicant must complete the identifying information. If this form is completed by the applicant's authorized representative, the authorized representative must complete the identifying information for the applicant. In addition, the authorized representative must complete his/her own identifying information. The form must be signed by either the applicant or the applicant's authorized representative.



## MODIFIED FOOD STAMP PROGRAM REQUEST FOR DISASTER FOOD STAMP BENEFITS

This form alone is not an application. It must be added to a regular food stamp application.

Did your household experience at least one of these situations?

1. Loss of income due to the disaster?

☐

Yes

☐

No

2. Damage to your home property or self-employment business due to the disaster?

☐

Yes

☐

No

If you answer YES to at least one of the above questions, please identify the amount of your disaster expenses that you have paid or expect to pay from \_\_\_\_\_ to \_\_\_\_\_:

\$ _____	Cost to replace food destroyed in the disaster.
\$ _____	Dependent care expenses related to disaster (e.g., school was closed, applicant had to pay a babysitter because children were home).
\$ _____	Medical or funeral expenses related to disaster.
\$ _____	Cost to repair or replace disaster damage to your home property (remove trees, replace furniture or appliances, remove mud, trash or other debris from home).
\$ _____	Costs to repair or replace tools or equipment needed to work (e.g., tools of a tradesperson, repair or replace vehicle).
\$ _____	Temporary shelter expenses (e.g., hotel).
\$ _____	Moving expenses, if evacuated (e.g., gasoline, hotel).
\$ _____	Expenses to protect home from damage (e.g., plywood, duct tape, plastic sheeting, tarps).
\$ _____	Other expenses (e.g., insurance deductible, miscellaneous expenses to maintain reasonable living conditions such as batteries, ice, water).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature or Mark

\_\_\_\_\_  
Date



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MODIFIED FOOD STAMP PROGRAM  
REQUEST FOR DISASTER FOOD STAMP BENEFITS

FORM NUMBER: 032-03-665

PURPOSE OF FORM: This form is only used by localities authorized to run the Modified Food Stamp Program for households affected by a disaster. To indicate intent to apply for the Modified Disaster Food Stamp Program by an applicant or an applicant's authorized representative.

USE OF FORM: To be completed by the applicant or the applicant's authorized representative in conjunction with the 2-page Request for Assistance- ADAPT form or the 14-page Application for Benefits form. The form will provide the worker with the household's disaster-caused expenses, which will be input into ADAPT to determine eligibility for the Modified Disaster Food Stamp Program.

NUMBER OF COPIES: One

DISPOSITION OF FORM: This form must be retained in the case record with the signed Request for Assistance - ADAPT and the signed Statement of Facts, or with the signed Application for Benefits.

INSTRUCTIONS FOR PREPARATION OF FORM: The worker enters the case number and name at the top of the form. The worker also fills in the dates under Question 2 to show the period of time over which disaster expenses are gathered. This date will generally be from the date of the disaster through the next 30 days. It will be unique to each disaster.

The applicant or the applicant's authorized representative must complete Questions 1 and 2 on the form. If the answers to both questions are NO, the household is not eligible for the Modified Disaster Food Stamp Program. If the answer to either question is YES, the household must identify the amount of disaster-caused expenses it paid or expects to pay during the period shown on the application. The applicant or the applicant's authorized representative must print his/her name and sign and date the form.

If the household is not eligible to file for the Modified Food Stamp Program because it did not have a loss of income or disaster expense, the local agency must proceed with a regular Food Stamp application.

TRANSMITTAL #62



INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION  
FOR DISASTER FOOD STAMP BENEFITS

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ Vault Card Issuance Unit \_\_\_\_\_ EBT Administrative Terminal Personnel

FROM: Eligibility Worker/Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

RE: Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_

Household Size: \_\_\_\_\_

I. ☐ Authorization for a Vault EBT Card

Vault card reason: (1) ☐ Timely processing (2) ☐ Household emergency (3) ☐ Agency determination

Case Name Social Security Number \_\_\_\_\_ Case Name Birth Date \_\_\_\_\_

Address of household: \_\_\_\_\_

[ ] Release vault card to Authorized Representative \_\_\_\_\_

II. ☐ Authorization for crediting the card replacement fee to the household's account

Reason: ☐ Household disaster ☐ Lost in the mail ☐ Household Violence  
☐ Improperly manufactured ☐ Reapplication, no card ☐ Cardholder name changed

III. ☐ Administrative error – Debit account for \$ \_\_\_\_\_.

IV. ☐ Reactivate dormant EBT account.

V. ☐ Repay FS Claim of \$ \_\_\_\_\_ from ☐ Active ☐ Dormant/expunged account

---

Issuance/Administrative Unit Use

I. EBT Vault Card Number: \_\_\_\_\_

Amount of Benefits Added to the Account: \$ \_\_\_\_\_

Type of identification seen:

☐ Driver's License ☐ Rent/Utility Bill/Receipt ☐ School ID Card ☐ Work ID Card  
☐ Library Card ☐ Social Security Card ☐ Other: \_\_\_\_\_

I acknowledge that I received my EBT card. I understand that I need to call the Automated Response Unit (ARU) to select a Personal Identification Number (PIN) to use my benefits.

Applicant or Authorized Representative Signature or Mark \_\_\_\_\_ Date \_\_\_\_\_

☐ Cardholder failed to pick up vault card ☐ Card destroyed on \_\_\_\_\_ ☐ Vault card not prepared

II. Replacement fee credited on \_\_\_\_\_

III. EBT account debited for \$ \_\_\_\_\_ for an administrative error on \_\_\_\_\_

IV. EBT account reactivated on \_\_\_\_\_

V. Repaid \$ \_\_\_\_\_ to FS Claim on \_\_\_\_\_.

Completed By: \_\_\_\_\_ Date \_\_\_\_\_

Issuance/Administrative Worker

Date



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Internal Action and Vault EBT Card Authorization  
For Disaster Food Stamp Benefits

FORM NUMBER - 032-03-664

PURPOSE OF FORM - This form documents that the Eligibility Worker (EW) authorizes the Issuance Worker to set up an EBT account and post benefits. It also documents that the household received its EBT card.

USE OF FORM - The EW completes the top portion of the form to authorize the Issuance Unit to prepare and issue a vault card to a Disaster Food Stamp Program household. The Issuance and Administrative Unit completes the bottom portion of the form to document that an account was set up and benefits were posted. The applicant or the applicant's authorized representative must sign the form to acknowledge receipt of the vault card.

The agency must also use the internal action form to document repayment of a claim with funds in an EBT account or to debit an account for an administrative error.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form is retained in the disaster case file for a minimum of three years.

INSTRUCTIONS FOR PREPARATION OF FORM - The EW or Supervisor must complete the identifying case and unit information. For approved disaster applications, the EW must enter the amount of disaster food stamp benefits authorized, the household size, the case name social security number, the case name date of birth, and the household's address.

The Eligibility Supervisor or designee must complete Section II to authorize crediting the card replacement fee back to the household's EBT account. The Eligibility Supervisor must also complete Section III to debit benefits from an account that were erroneously deposited as a result of an administrative error.

The EW or Supervisor may authorize the reactivation of a dormant account by completing Section IV. The applicant or the applicant's authorized representative may also contact the Issuance or Administrative Worker directly to request the reactivation of the account. The EW or supervisor may also authorize deducting funds from an account to repay a claim by completing Section V.

Generally, the Issuance Unit should prepare a vault card for the household on the same day the form is received. The Issuance Worker setting up the account (Profile 15) must enter the vault card number on the form. The Issuance Worker posting benefits (Profile 14) must enter

TRANSMITTAL #62



the amount of benefits added on the form and initial and date the transaction. The Issuance Worker (Profile 14 or 15) must record identity verification before releasing the vault card and secure the signature of the applicant or the applicant's authorized representative on the form.

The Issuance Unit must destroy the card after five business days if the card is not picked up by the applicant or the applicant's authorized representative. The Issuance Worker must note the date of the destruction of the card on the form.

The supervisor of the Issuance or Administrative Unit must complete the section to credit the card replacement fee back to the household's EBT account.

The Issuance or Administrative Worker or Supervisor must sign and date the form.



**NOTICE OF ACTION - DISASTER FOOD STAMP PROGRAM**

THIS IS TO INFORM YOU OF ACTION TAKEN ON YOUR APPLICATION FOR DISASTER  
FOOD STAMP BENEFITS.

CASE NUMBER

DATE

COUNTY/CITY

**ACTION ON APPLICATION DATED** \_\_\_\_\_

☐ Approved for \$ \_\_\_\_\_ for Disaster Benefit Period \_\_\_\_\_ to \_\_\_\_\_

☐ Denied Reason \_\_\_\_\_

☐ Withdrawn Application withdrawn by household on \_\_\_\_\_

If you do not agree with the action we have taken or the amount of food stamps you are receiving, you can have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake, and a hearing officer will decide if you are right. To request a fair hearing, you may call me at the number below or write to the Virginia Department of Social Services, Attention: Manager, Appeals and Fair Hearings, 7 N. Eighth Street, Richmond, Virginia 23219-1849. You may also request a fair hearing by calling toll free 1-800-552-3431. You must request your hearing within the next 90 days.

In addition to filing an appeal, you also have the right to a conference with your local social services agency, at which time the agency must give you an explanation of its action. You must also be given the opportunity to present any information on which your disagreement with the agency's action is based. At the conference, you have the right to have your story presented by an authorized representative, such as a friend, relative or lawyer. The local agency must provide a conference within three working days from the time of your request. If you would like to have a conference, please call me at the number below.

A fair hearing provides you the opportunity to review the way a local agency social services agency has handled your situation concerning your stated need for food stamps. The fair hearing is a private, informal meeting at the local social services agency with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The person who conducts the hearing is someone from the State Department of Social Services, not someone from your local social services agency. The hearing officer makes a decision on your appeal.

You will be notified of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call your eligibility worker immediately. If you need transportation, the local agency will provide it. You may bring a representative and/or witnesses to the hearing to help you tell your story. Your eligibility worker, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

- (1) Examine all documents and records which are used at the hearing;
- (2) Present your case or have it presented by a lawyer or by another authorized representative;
- (3) Bring witnesses;
- (4) Establish pertinent facts and advance arguments; and
- (5) Question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The decision or recommendation of the hearing officer shall be based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the local social services agency would be given the opportunity to question or refute this additional information.

You will be notified in writing of the hearing officer's decision on your appeal within 60 days of the date your appeal request is received by the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency; consequently, if you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice, you may contact your local legal aid office.

Worker	Telephone Number	For Free Legal Advice Call



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NOTICE OF ACTION -DISASTER FOOD STAMP PROGRAM

FORM NUMBER - 032-03-662

PURPOSE OF FORM - To notify an applicant of eligibility action taken on an Application for Disaster Food Stamp Benefits.

USE OF FORM - To be prepared and sent immediately or within the appropriate time standard following action on an Application for Disaster Food Stamp Benefits.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The original is to be forwarded to the head of the household. One (1) copy is to be retained in the case file.

INSTRUCTIONS FOR PREPARATION OF FORM

Complete the identifying information at the top of the form.

Enter the date of the application.

Check the appropriate box to show the disposition of the application.

For approvals, indicate the allotment amount and the time period the allotment is to cover (disaster benefit period).

For denials, indicate the reason the application was denied.

For withdrawals, enter the date the household requested the application be withdrawn.

Sign the form. Enter a telephone number for the worker and the telephone number of the local legal aid office.

TRANSMITTAL #62



VAULT EBT CARD ISSUANCE LOG

Agency/Location \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

	Date	Case Number	Cardholder Name	Reason for Vault Card (1, 2, 3)	Card Number (16 digits)	Issued By (Initials)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						



Vault EBT Card Issuance Log

FORM NUMBER - 032-03-391 (An Excel spreadsheet version of this form is available from the EBT Project Office.)

PURPOSE OF FORM - This log provides a monthly listing of the over-the-counter vault cards the local agency issued. The log compiles information from the Internal Action and Vault EBT Card Authorization forms and will support inventory control and requisitioning.

USE OF FORM - The Issuance Unit must prepare the issuance log upon receipt of the Internal Action and Vault EBT Card Authorization form from the Eligibility Unit and after the Issuance Worker links the vault card in the Administrative Terminal.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The Issuance Worker must retain the log for the current month with copies of the Internal Action and Vault EBT Card Authorization forms received in the month.

INSTRUCTIONS FOR PREPARATION OF FORM - The Issuance Worker must complete the log based on information from the Internal Action and Vault EBT Card Authorization form. The Issuance Worker must also initial the log.



## **CARD ACTIVATION AND PIN SELECTION PROCESS**

You will need to call the Automated Response Unit (ARU) toll-free to activate your EBT card and select a PIN (personal identification number). The number is: **866-281-2448**.

**You must complete ALL of the following steps. You cannot buy groceries until you complete these steps.**

STEP 1 – Press or say 1 for English or 2 for Spanish.

STEP 2 – Enter or say the 16-digit card number. If the number is not entered or an incorrect number is entered, you will be asked to re-enter the card number.

You will be given your current balance and the following options:

**Press 1 to activate your card.**

Press 2 to hear your last ten transactions.

Press 3 to report your card lost, stolen, or damaged.

**Press 4 to select a PIN.**



STEP 3 – Press or say 1 to activate your card. You will be asked to enter or say your six-digit birth date in month/day/year order. Example: January 7, 1988 would be 010788.

You will hear a message telling you that your card has been activated.

**You must continue with the following steps to choose a PIN. You will not be able to buy groceries until you complete these additional steps.**

STEP 4 – Press or say 1 to return to the main menu.

STEP 5 – Press or say 4 to select a PIN.

STEP 6 – Enter or say the 16-digit card number.

STEP 7 – Enter or say your six-digit birth date in month/day/year order. Example: January 7, 1988 would be 010788.

STEP 8 – Enter or say your Social Security Number. If you do not have a Social Security Number, press 1. You will be instructed to enter your case number. Your case number is on your Notice of Action.

STEP 9 – Enter or say the four digits you want to use as your PIN.

STEP 10 – Re-enter or say the four digits you want to use as your PIN.

You will hear a message, "Your PIN has now been selected. Thank you for calling the Customer Call Center." The call will terminate automatically.

You will now be able to use your card to buy groceries.



## **Disaster Food Stamp Program**

### **Administrator's Planning Guide**

#### **Introduction**

In the event of a hurricane, flood or other major disaster, the United States Department of Agriculture (USDA) can authorize the implementation of a short term Disaster Food Stamp Program (DFSP). The purpose of the DFSP is to provide emergency food stamp benefits to disaster victims as effectively and efficiently as possible. As a result, the DFSP is much more streamlined than the regular Food Stamp Program (FSP). Eligibility criteria are much less stringent, and generally most items of information do not need to be verified. In order to implement a DFSP in the throes of an emergency, advance planning is crucial.

The Commonwealth of Virginia has submitted a plan to USDA outlining how the DFSP will operate in Virginia. This plan requests issuance of pre-loaded, pre-pinned EBT cards to be approved by USDA. In the event this type of EBT card is not feasible, issuance of cards would be handled through the existing EBT administrative terminal. The purpose of this Administrator's Planning Guide is to provide additional guidance for planning for the implementation of a DFSP on the local level.

Briefly, the DFSP includes a determination of eligibility and an issuance of benefits. There must be a separation of duties between the eligibility and issuance tasks.

The eligibility portion is accomplished by:

- Completing the application on-line with a newly developed web-based disaster application. This form is printed off and signed by the client and interviewer. The web-based application screens for matches with ADAPT, matches with the Virginia Department of Social Service Employee Database, and with the Disaster Database itself. The web-based application calculates the disaster benefit and produces the Internal Action Form for the eligibility staff to authorize and pass to issuance staff.
- If logistics are such that paper applications are used, the paper application is taken, signed by the client and interviewer, then data-entered into the web-based system for matching and benefit calculation.
- Either process must ensure that all applicants are interviewed, and applications are signed and dated by the applicant and the interviewer.

The issuance portion is accomplished by:

- Opening direct access to the EBT Administrative Terminal for issuance personnel to set up accounts and post benefits with vault cards, OR



- Should USDA approve their use, pre-loaded and pre-pinned EBT cards would be distributed to local agencies at the time of a disaster for issuance to clients. These cards would require secure storage.

Another alternative USDA has approved in disasters in other states over the past several months is the use of a modified regular Food Stamp Program. In this model, households apply for the regular program but are given a one-time deduction for disaster related expenses. This model has the advantage of using the existing interface between ADAPT and EBT. USDA has approved the modified program in areas where the disaster damage is not widespread, for example, in a portion of a county or particular neighborhoods in a city that flooded.

## **The Planning Process**

Members of the community who will be partners in implementing the DFSP should be identified and included in the planning process. This group should include social service providers, providers of emergency food assistance, police departments and members of county and municipal governments who may be able to provide additional staff or other resources to assist you in administering the DFSP.

It is further recommended that local agencies coordinate within the region to set the same parameters for the DFSP. This effort will result in less confusion for the public and will allow for the use of one media spokesperson for the region. VDSS will convene regional meetings or conference calls after a disaster in order to facilitate this process.

Planning should cover the activities that are outlined in this Planning Guide. If you have suggestions or edits related to this or other guidance, please contact the Division of Benefit Programs through an electronic e-mail box at ([benefit-programs-suggestion-box@apps.dss.state.va.us](mailto:benefit-programs-suggestion-box@apps.dss.state.va.us)).

## **Decision to Implement a DFSP**

The decision to implement a DFSP is usually made by key decision makers in a jurisdiction. A DFSP should be implemented only in those cases where it is not practical to operate the regular food stamp program. Factors that may lead one to make a determination that a DFSP is the appropriate option include:

- A large population of prospective applicants – If damage from the disaster is severe or widespread, affecting a large number of households not already participating in the program, then this volume of applicants may not be able to be served through the existing application and eligibility determination process. Damage could include damage to individual residences, or loss of income due to closing of employment locations.
- The disaster is such that many households would not have the verifications required by the regular Food Stamp Program, (e.g., houses were leveled in a tornado.)
- The affected population needs benefits more quickly than would be provided under the regular Food Stamp Program, and they have used available income and resources that could have been used for food on disaster related expenses. Loss of food alone is not justification to operate a DFSP.



- Availability of grocery stores – USDA will only approve the operation of a disaster food stamp program in the event that food retailers are open for business in the community. Additionally, the point of sale (POS) devices that enable an EBT/credit/debit card transaction must be operational.

In making the decision to operate the program, there should be designations for:

- The contact person and back up contact for the DFSP.
- A contact list including home and cell phone numbers of the key decision-makers including the Department Director, Board members, and other county officials.
- Assignment of personnel to gather information and prepare the application to VDSS.
- Identification of the information sources necessary to prepare an application.
- Identification of the employees to be given the EBT profiles to allow account set-up and benefit posting, if pre-loaded EBT cards are not approved.

When the community decides to operate a DFSP, the application form (Appendix III) should be completed and submitted to the Home Office via e-mail.

## **Operating the DFSP**

### Notifications

Operating the DFSP requires certain notifications including:

- How staff and other agencies involved will be notified
  - Develop a call tree with essential names and telephone numbers.
  - Develop an email distribution list of key contacts.
- How the public will be notified
  - Identify key information hubs including local newspapers, radio stations, television stations, government offices, and government web sites.
  - Identify a single spokesperson for the locality and consider designating one spokesperson for a group of localities.
  - Include social service agencies and other disaster relief agencies.
  - Consider developing posters in advance. Specifics of dates and hours of operation can be completed manually when needed.
  - Have a strategy for keeping the public informed throughout the disaster period.

### Locations

In determining locations for the application sites, consideration should be given to these factors:

- Staff and applicant security, including during extended hours of operation.
- Availability of public transportation and parking.
- Accessibility to delivery vehicles for commodity distribution.
- Adequate space and facilities for human comfort concerns, such as:



- Arrange to protect people from the elements;
- Place water and food stations near areas of long waits;
- Arrange for bathroom facilities and supplies;
- Provide ample waiting areas.
- Adequate space to accommodate the anticipated number of applicants.
- Security of the facility for EBT cards and issuance activities.
- Accessibility to the elderly and disabled.
- Adequacy and accessibility of power sources and supplies.
- Availability of Internet access.
- Consideration of other county or city facilities.
- Consideration of social service agency offices.
- Consideration of use of trailers or tents for waiting areas.
- Consideration of entering into agreements with adjoining LDSS to handle each other's applicants.

### Staffing

The local agency will want to decide:

- Staffing needs for implementation of the program.
- Sources of additional staff.
  - Consider training agency staff not ordinarily involved in the FSP to be prepared to take applications for the DFSP.
  - Arrange with other county or municipal departments to lend staff to assist.
  - Arrange with community agencies to lend staff.
  - Consider using volunteers.
  - Maintain a list of the names of staff that are willing to help in other jurisdictions if their own is not affected by the disaster, and submit to the Division of Benefit Programs, which will then act as a clearinghouse for matching staff with locations of need.
- How training will be provided for staff not trained by Home Office.
- What resources other agencies can provide.
- How the need for additional certification sites will be assessed, and what sites are available.

### Equipping the Site

The local administrator should consider:

- How the need for equipment (including computers and a printer for each computer) and supplies will be determined.
- How needed equipment and supplies will be acquired and distributed (source, actual acquisition).
- Ensuring that supplies of applications, forms and vault cards are available.
- Making arrangements in advance of the disaster for the loan of equipment from other agencies or Home Office.



## Crowd Management

In operating the DFSP, crowd management will be an important factor. These factors can assist with crowd control:

- Determine client flow.
- Estimate wait time from certain points and post signs to inform crowd.
- Consider separate lines for elderly or disabled applicants.
- Consider staggering applications by asking people to apply by birth date, Social Security Number, alphabetically, or some other method.
- Consider giving people in line information sheets indicating what items of information they need to apply so if they are not prepared they can get the information.
- Consider giving numbers or colored chips to bring back the next day to people who are in line when lines are cut off so they can be seen the next day without standing in line again.
- Arrange for equipment such as ropes, barriers and bullhorns as well as other staff to establish lines, block access to secure areas, and direct traffic flow.

## Administrative Considerations

The local agency will be faced with other considerations. These include:

- How the need for extension of the DFSP will be assessed and request made, if warranted.
- How information necessary for daily reports will be gathered.
- How and by whom reports will be submitted.
- How program operation will be assessed.
- How adjustments to program operations will be made.
- How to handle employee applications; it is recommended that specific supervisory personnel be designated to take and process employee applications.

## Reimbursement of Expenses

The local agency should keep detailed records of expenses that may be submitted for reimbursement. During the most recent disaster, the criteria for reimbursement were:

- The expenditure must be the result of the declared disaster.
- The expenditure must be a cost incurred for an activity for which the agency is directly responsible.
- The expenditure must have been incurred within the locality's jurisdiction.
- The expenditure must be a cost incurred in excess of what the insurance covers.

Applicable disaster-related expenditures include overtime costs, food for staff, staff travel to additional work sites, staff lodging and any special equipment purchases. All reported expenditures must include all backup documentation. Documentation may include, but is not limited to receipts, timesheets, copies of purchase orders and warrant registers.



**City/County of**  
**DEPARTMENT OF HUMAN SERVICES**

**APPLICATION FOR DISASTER FOOD STAMPS PROGRAM**  
**(Date)**

1. Type of Disaster and Date of On-set: *EX: Hurricane, September 18, 2003*
2. Description of the geographical area: *EX: The entire county was affected by the hurricane. EX: Only the southern part of the county was affected by the flood, primarily residences in zip code 22407.*
3. Status of Food Distribution: *(USDA requires commercial trade networks to be operational again before approving a disaster food stamp program.) EX: Retail food outlets were closed for two days and all major grocery stores are now in operation. Point-of-sale (POS) devices are operational.*
4. Needs Assessment Part A: *(Statement describing whether the normal Food Stamp Program can meet households' needs or whether the DFSP is needed.) EX: There are many citizens who have been unable to work due to the business closures from flooding. In addition, there was widespread property damage along the tributaries of the James River where flash floods wiped out the community around the courthouse.*
5. Needs Assessment Part B: *(Estimate the number of ongoing and new households involved in the disaster. Depending on the nature of the disaster, there may be other options available for consideration in the plan, such as automatic replacements for ongoing households.) EX: Our current participation is xxx number of households. We anticipate XXX new households needing disaster services.*
6. Application Processing Estimate: *(Indicate the time frame for taking applications for the DFSP, including the beginning date.) EX: If approval is received by October 9, 2004, we will initiate operations on October 10 and take applications for five calendar days. Benefits will be issued no later than three days following the date of application.*
7. Length of Duration of the Program: *(Indicate the disaster period requested, i.e., either a full or half month of benefits. Depending on the nature of the disaster, USDA may advise the state of the parameters.) EX: A full month benefit period is requested because of the severity of the flooding and the fact that affected households lost all food in addition to lost income and disaster-related expenses.*



8. Disaster Relief Agencies: *(Indicate which other agencies will participate in taking and processing applications or issuing benefits, and specify the functions they will perform.) EX: We do not anticipate using a Disaster Relief Agency to certify or issue benefits.*
9. Public Information: *(Identify the newspapers, radio stations, television stations, and key media outlets or government web sites the local agency will use.) EX: We will contact the Independent News Courier and WPDK radio to disseminate information about the program, the criteria, and hours of operation. We will post the information on the City's web page, and direct community partners to the city and state web sites.*
10. Procedures for Processing and Accepting Applications: *(Explain where applications will be taken, including crowd management at sites and fraud prevention measures.) EX: Applications will be taken for 7 days, October 7 through October 13, from 9 a.m. to 7 p.m. at the City Human Resources Center. Designated senior management will take and process any employee applications. All applications will be screened for duplicate participation. The Sheriff's Department is on call to assist with security of the facility.*
11. Procedures for Issuing Benefits: *(Explain benefit issuance procedures.) EX: Applicants will be screened to prevent duplicate participation. Benefits to eligible households will be issued on a vault card by staff authorized to set up accounts in the EBT system and post benefits.*
12. Number of Eligibility Workers:  
*(Number of eligibility workers available to process food stamp applications)*
13. Any additional information that you believe may be helpful in processing your application. *(Provide detailed, specific information on conditions in your county/city, such as duration of power outages, shut down of key employers, lack of other resources to meet needs.)*
14. Name, title, and telephone number of requesting official:
15. Date of request:



## **Electronic Benefit Transfer (EBT) Disaster Issuance Process**

### **INTRODUCTION**

The Disaster Food Stamp Program (DFSP) is outside of ADAPT, and therefore, there is not an automatic link to EBT. Benefits must be posted directly into the EBT system.

The EBT contractor, J.P. Morgan EFS, has provided two new profiles which will allow workers to set up accounts for new DFSP cases, issue vault cards, and post benefits directly into the EBT system.

Workers will need one of two special profiles designed for disaster benefit issuance. The two profiles are:

- Profile 15 (MNVADIW), for the issuance worker, allows access to screens necessary to establish a new DFSP case and attach and issue a vault card to that case.
- Profile 14 (MNVADFW), for the fiscal worker, allows access to screens necessary to post benefits to that case.

The form to request a profile is “Commonwealth of Virginia – J.P. Morgan Virginia EBT Disaster System”.

An individual worker may have only one profile. The same worker cannot perform more than one function on a case. The eligibility worker (determines entitlement), issuance worker (creates accounts and issues cards), and fiscal worker (posts benefits) must be different individuals. A separation of duties must be maintained during the issuance process.

Workers entering information into the EBT Administrative Terminal System should be **EXTREMELY CAREFUL** in making sure that the information entered is correct. Workers **must not transmit** off of any screen **without first checking all information**.

### **INFORMATION ENTERED INCORRECTLY INTO THE SYSTEM WILL PREVENT THE CLIENT FROM ACCESSING BENEFITS.**

The information entered affects the client’s ability to:

- Activate the EBT card
- Select a PIN number
- Obtain information from a J.P. Morgan Customer Service Worker
- Use the Food Stamp benefits

The process is as follows:



- Step 1      Upon receipt of the case file (application, Internal Action Form, and Notice of Action), complete the EBT Account Set-Up Screen (RCASTP).
- Step 2      Link the EBT vault card to the account.
- Step 3      Complete the Account Benefit Add Screen (ROIABA).
- Step 4      Review EBT card activation and PIN selection processes with the recipient.

### **NEW PROFILE DESCRIPTIONS**

<p><b><u>Disaster Issuance Worker (Profile 15)</u></b></p>	<p>Receive the case file (application, Internal Action Form, and Notice of Action) from eligibility staff.</p> <p>Complete the EBT Account Set-Up Screen (RCASTP). <b><i>Information entered incorrectly will prevent clients from accessing their benefits. You CANNOT edit information once it has been entered into the system.</i></b></p> <p>Link/ attach the EBT vault card. Use the Set-Up/ Replacement Screen (RVAULT).</p> <p>Write the vault card number on the Internal Action Form. Initial and date the Internal Action Form next to the card number.</p> <p>Complete the Vault EBT Card Issuance Log.</p> <p>Pass the application, Internal Action Form, Notice of Action, and vault card to the Benefit Add Station (EBT Profile 14).</p>
<p><b><u>Disaster Fiscal Worker (Profile 14)</u></b></p> <p>Benefit Add Station</p>	<p>Complete the Account Benefit Add Screen (ROIABA) to add benefits to the case (no batch processing; benefit is immediate). <b><i>Information entered incorrectly will prevent clients from accessing their benefits. You CANNOT edit information once it has been entered into the system.</i></b></p> <p>Write the amount of the benefits added to the account on the Internal Action Form. Initial and date the Internal Action Form next to the amount of benefits.</p> <p>Issue the card to the client and have the client sign the Internal Action Form. Sign the bottom of the Internal Action Form.</p> <p>Instruct the client regarding card activation and PIN selection processes. This can be done by someone not attached to Profile 14.</p>



## **LOG ON PROCESS**

The following security information is needed to Log on to the EBT system:

- GROUP—Group names are assigned by J.P. Morgan EFS (VAEBTDIS)
- NAME—User Id is the assigned logon Id (small letters only)
- PASSWORD—Initial password will be communicated to the worker by DIS Security upon assignment of the disaster profile. The assigned password must be changed during the initial logon process. Passwords are upper- or lowercase sensitive.

## **PASSWORD GUIDELINES**

- Passwords must be six to eight characters long. They can contain letters and numbers; however, punctuation marks (e.g., ?, %, @, etc.) are not allowed.
- Passwords are case sensitive. Blueridge, BlueRidge, BLUERIDGE, and blueridge are all different passwords.
- Strong passwords are recommended. Strong passwords consist of a combination of upper case letters, lower case letters, and numeric values.
- Choose a password that is easy to remember but difficult to guess. Avoid using your name, birth date, or social security number.
- Never make your password the same as your User Id.



## LOG ON SCREEN

Win6530 - [terminal1 : 165.176.6.102 - Default]

File Edit View Capture Options Window Help

SF1 SF2 SF3 SF4 SF5 SF6 SF7 SF8 SF9 SF10 SF11 SF12 SF13 SF14 SF15 SF16  
F1 F2 F3 F4 F5 F6 F7 F8 F9 F10 F11 F12 F13 F14 F15 F16

09/20/04 JPMorgan EFS Systems 14:22  
Logon Screen \CEFSW \$BOSS

Group Name  
Password

You are authorized to use this System for approved business purposes only.  
Use for any other purpose is prohibited. All Transactional records, reports,  
e-mail, software, and other data generated by or residing upon this System are  
the property of the Company and may be used by the Company for any purpose.  
Authorized and unauthorized activities may be monitored.

F1 to Logon, F2 to Change Password, SF16 to Exit 032-Z5UA-C41  
BOSS 6.2 Copyright (1990-2001) Cross-El Software

terminal1 : 1...

Ready Line 5 Col 30 14:23:14

### FUNCTION KEY ASSIGNMENTS:

- |    |   |
|----|---|
| F1 | Logon   |
| F2 | Change password. Use only when you are changing a password prior to expiration. <b>Do not use during initial logon password change.</b> |

### INITIAL LOG ON

#### STEPS:

1. When the EBT **LOGON** screen appears, enter your EBT GROUP (e.g., VAEBTDIS and the number assigned by J.P. Morgan EFS) in the **Group** field.
2. Press the **Tab** key.
3. Enter your User Id in the Name field.
4. Press the **Tab** key.



5. Enter your assigned PASSWORD in the Password field. Remember that the password is case sensitive.
6. Press the **F1** key. Do not press the F2 key.
7. Enter your new PASSWORD. During the initial logon, the system will prompt you to choose your own secure password (six to eight characters in length). We suggest you use a strong password. Strong passwords consist of a combination of upper case letters, lower case letters, and numeric values.
8. Press the **F1** key. Do not press the F2 key.
9. Re-enter your PASSWORD (re-type the same password you have just chosen) a second time to confirm it.
10. Press the **F1** key to log on. If your new password is accepted, the message "Your password has been changed" will appear at the bottom left of the screen. You will receive your Profile Menu Screen. If an error occurs, an error message will appear in the lower left corner of your screen.
11. If you are locked out or suspended, you will need to contact the DIS Customer Care Center at 800-223-8846. Choose option 1.

## **ONGOING LOG ON**

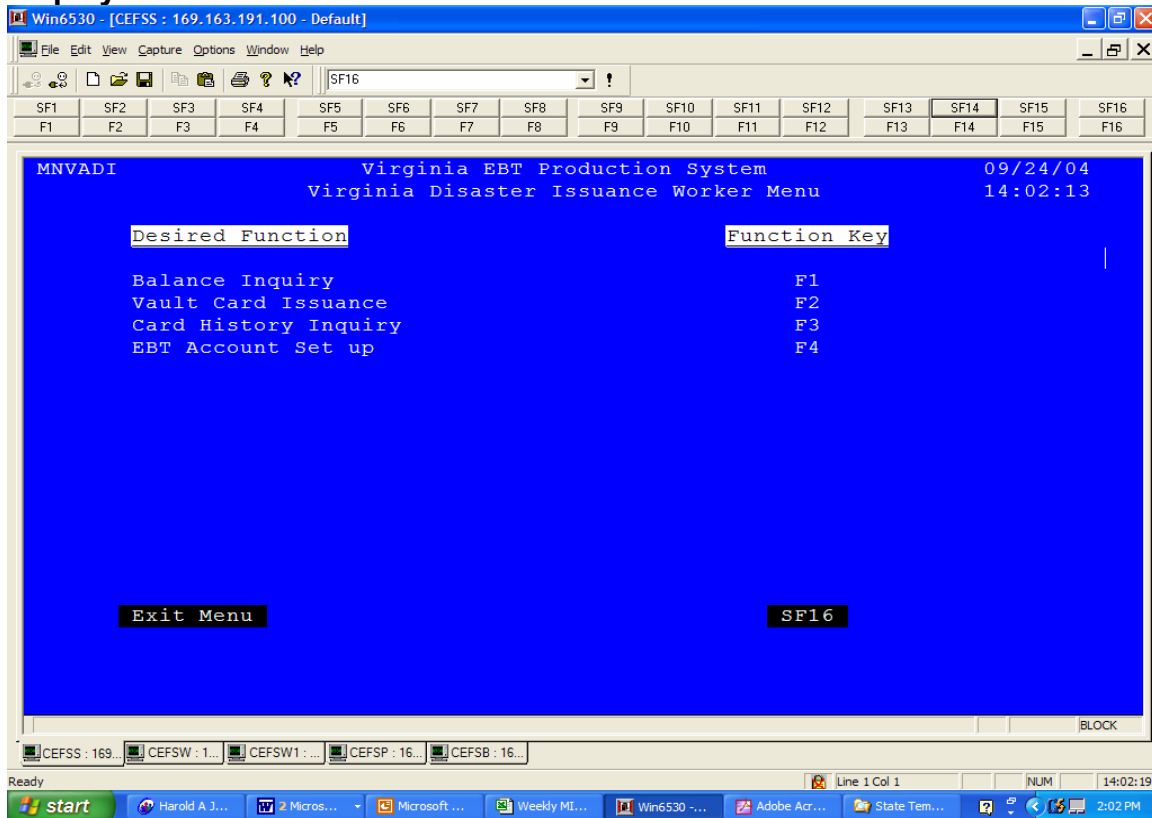
### **STEPS:**

1. When the EBT **LOGON** screen appears, enter your EBT GROUP in the **Group** field.
2. Press the **Tab** key.
3. Enter your User Id in the Name field.
4. Press the **Tab** key.
5. Enter your PASSWORD in the Password field. Remember that the password is case sensitive.
6. Press the **F1** key to log on.
7. You will receive your Profile Menu Screen. Select the Function key for the action you wish to take.



## ACCOUNT SET-UP PROCESS - PROFILE 15

Log on to the EBT system. The “Virginia Disaster Issuance Worker Menu” will display.



Select F4 to choose EBT Account Set-Up.

The screenshot shows a terminal window titled "Win6530 - [terminal1 : 165.176.6.102 - Default]". The terminal displays the "Virginia EBT Production System Account Set-Up" form for the date 09/24/03 at 13:14:40. The form includes fields for Case#, Card No., First Name, Mi Last Name, Language Ind, County Code, Date of Birth, Address 1, Address 2, City, St, Zip Code, Tele#, and SocSec#. At the bottom, there is a button for "F10-Insert". The terminal window is part of a desktop environment with a taskbar showing various applications like "terminal1 : 1...", "Line 5 Col 9", "NUM", and a system clock showing 13:18:25.



## FUNCTION KEY ASSIGNMENTS:

F10	Set up the account
F16	Exit the screen

## STEPS:

To set up the account, the Issuance Worker will follow these steps:

1. Receive the application, Internal Action Form for the DFSP (IAF), and the Notice of Action for the DFSP from the Certification Worker.
2. Pull and record a vault card on the Vault EBT Card Issuance Log.
3. Complete the **Account Set-Up Screen**.
4. Enter the Disaster Case Number in the Case # field.
5. The Card No. field will be populated by system. This is a pseudo-number. Leave the number there.
6. Enter the client's first name, middle initial, and last name.
7. Enter an 'E' in the "Language Ind" field.
8. Enter the agency's FIPS in the "County Code" field.
9. Enter the client's date of birth. **DOUBLE-CHECK THE ENTRY.**
10. Enter the client's address. Use "Address 2" for apartment numbers.
11. Enter the City, State, and Zip Code.
12. Telephone number is not required.
13. Enter the client's Social Security Number. **DOUBLE-CHECK THE ENTRY.**
14. Review all data entries. If correct, press F10 for Account Set-Up.
15. Print the screen, if possible.
16. Press F16 to exit.
17. From the **Virginia Disaster Issuance Worker Menu**, press F2, **Vault Card Issuance**. The **Vault Card Set-Up/ Replacement** Screen (RVAULT) will display.



Win6530 - [terminal1 : 163.39.201.40]

File Edit View Capture Options Window Help

SF1 SF2 SF3 SF4 SF5 SF6 SF7 SF8 SF9 SF10 SF11 SF12 SF13 SF14 SF15 SF16  
F1 F2 F3 F4 F5 F6 F7 F8 F9 F10 F11 F12 F13 F14 F15 F16

RUAULT Virginia EBT Test System 08/03/01  
Vault Card Setup/Replacement 15:43:46

Card Number: 622044 Card Number: 622044  
CASE#: CASE#:   
Program Type#: 01  
Primary/Alternate Indicator: 01  
First Name: Mi Last Name: DOB: 00 - 00 - 0000  
Waive Fee: N

=====

Ready for input ... F10 Account Setup F14 Card Replacement

- (a) Enter the client's PAN in the Card Number field. Tab over to the next Card Number Field and re-enter the PAN.
- (b) Enter the Disaster Case Number in the Case # field. Tab over to the next Case # Field, and re-enter the Disaster Case Number. The second entry will appear as stars.
- (c) Enter the Program Type (always 01).
- (d) Enter the client's status (always 01) in the Primary/ Alternate Indicator field.
- (e) Enter the client's birth date in the "DOB" (Date of Birth) field. Enter the client's first name, middle initial, and last name (**case sensitive and must be caps**).
- (f) **ENTER "Y" TO WAIVE THE FEE, AS THE FIELD DEFAULT IS "N" (CASE SENSITIVE, MUST BE CAPS). THIS IS CRITICAL.**
- (g) Press F14 Card Replacement (even though this is an initial card issuance).

18. Enter the vault card number in the issuance section of the IAF and initial.

19. Press F16 to exit the screen.

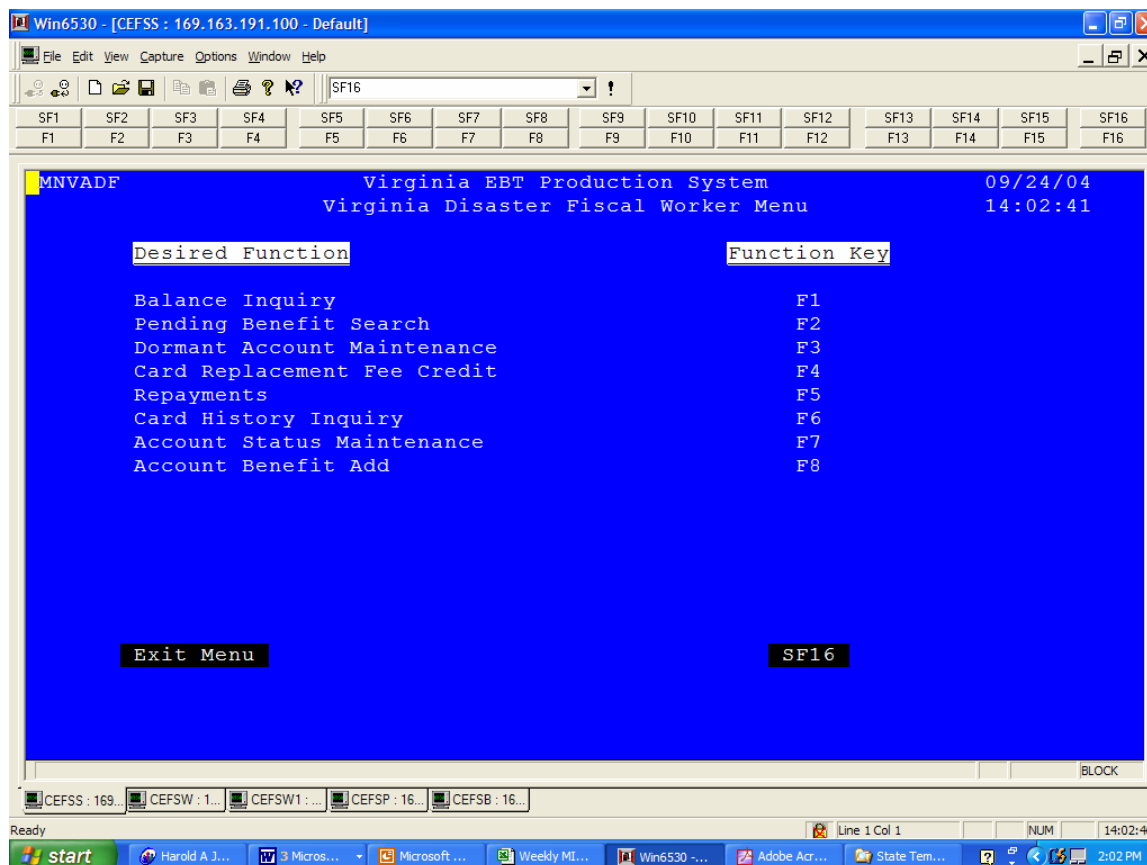
20. Give the case file to the Fiscal Worker who will add the benefits to the account.



## BENEFIT ADD PROCESS – PROFILE 14

The Fiscal Worker will receive the case file from the Issuance Worker. The Fiscal Worker will add the benefit amount to the account and will give the card to the client. The Fiscal Worker will instruct the recipient to call the Automated Response Unit (ARU) to activate the card and select a PIN.

**Log on to the EBT system. The Virginia Disaster Fiscal Worker Menu will display.**



**Select F8, Account Benefit Add.**

The **Online Investigative Account Benefit Add Screen** will display.

### FUNCTION KEY ASSIGNMENTS:

- |     |                                  |
|-----|----------------------------------|
| F9  | Add Request                      |
| F10 | Submit Benefit - Confirm Request |

### STEPS:

The Fiscal Worker must follow the steps below to add the benefit:



Win6530 - [terminal1 : 165.176.6.102 - Default]

File Edit View Capture Options Window Help

SF1 SF2 SF3 SF4 SF5 SF6 SF7 SF8 SF9 SF10 SF11 SF12 SF13 SF14 SF15 SF16  
F1 F2 F3 F4 F5 F6 F7 F8 F9 F10 F11 F12 F13 F14 F15 F16

ROIABA Virginia EBT Production System 09/24/03  
Online Investigative Account Benefit Add Screen 13:07:38

Case Number: \_\_\_\_\_ Benefit Number: \_\_\_\_\_  
Program Type: 00 Benefit Amount: .00 Benefit Type: \_\_\_\_\_  
Name: \_\_\_\_\_

Card #: \_\_\_\_\_ EDA #: \_\_\_\_\_  
Balance: 0.00  
=====

F9-Add Request F10-Submit Benefit  
Ready for input

terminal1 : 1...

Ready Line 5 Col 15 NUM 13:11:27

- 1) Receive the case file from the Issuance Worker.
- 2) Complete the **Online Investigative Account Benefit Add Screen**.
  - (a) Enter the Case Number.
  - (b) In the Benefit Number Field, **enter the 2-digit household size, then the 7-digit case number, and then 5 zeros (example: 03910004300000)**. This field must be 14 digits.
  - (c) Enter the Program Type (always 01).
  - (d) Enter the Benefit Amount (**cannot exceed 2000.00**).
  - (e) Enter the Benefit Type (FSNPA). This field is case sensitive and must be caps.
  - (f) Review all data entries. If correct, press F9 to add the benefit request.
  - (g) Client's information will be returned for verification purposes with a message, "Are you sure?" Review the screen again, and if all information is confirmed, press F10 to submit the benefit amount.
- 3) Print the screen, if possible.
- 4) Enter the amount of benefits added on the IAF and initial.
- 5) Issue the card to the client. Review the card activation and PIN selection process with the client. The client must now call the ARU to activate the card and select a PIN.

## TROUBLESHOOTING

If you receive an error message that you cannot resolve, call the Help Desk at 800-223-8846.



BROADCAST 2818

DATE: September 3, 2004

TO: Local Agency Staff, Regional and Local Agency EBT Coordinators

FROM: David Mitchell, Chief Financial Officer

SUBJECT: Disaster Food Stamp Program User Profiles

CONTACT: Amarish Jain at (804) 726-7345 or [amarish.jain@dss.virginia.gov](mailto:amarish.jain@dss.virginia.gov)

This broadcast is to inform local agencies of preparations taking place to expedite enactment of a Disaster Food Stamp Program (DFSP) in the event of a declared emergency that results in FNS approval to operate such a program in any locality of the Commonwealth.

If such a plan is enacted, our EBT contractor, J.P. Morgan, will provide EBT Administrative Terminal screens to set up new disaster Food Stamp (FS) cases, issue vault cards, and issue benefits directly into their system. To gain access to this system, workers will need one of two special profiles designed for emergency benefit issuance. The two profiles are:

- Profile 15 (MNVADIW) is for the issuance worker and allows access to screens necessary to establish a new disaster FS case and attach and issue a vault card to that case.
- Profile 14 (MNVADFW) is for the fiscal worker and allows access to screens necessary to assign benefits to that case.

Attached is the profile request form. Please do not submit requests until your local agency director has requested FNS approval to operate a DFSP. All submitted requests should be addressed to Wanda Bridgeman, DIS Security at the Home Office.

As a reminder, ARU PIN selection is the only method for DSFP clients to select or change their PINs.

Additional information will be distributed through broadcasts at a later date.







**SAMPLE FLYER****DISASTER FOOD STAMP PROGRAM  
FOR VICTIMS OF HURRICANE \_\_\_\_\_**

The City of \_\_\_\_\_ is authorized to implement the Disaster Food Stamp Program to assist the victims of Hurricane \_\_\_\_\_. Hurricane victims may be eligible for a one-time only Food Stamp issuance.

**Where to Apply:** Hurricane victims may apply for Disaster Food Stamps at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The office will take applications Monday - Friday from \_\_\_\_ am to \_\_\_\_ pm.

**Who May Apply:** A responsible adult household member may apply for the family.

**Time Limits:** Applications may be submitted from \_\_\_\_\_ through \_\_\_\_\_.

**Who's Eligible:** The household must have lived in the City of \_\_\_\_\_ during Hurricane \_\_\_\_\_. The household must also have suffered a loss of income or damage to home property or self-employment business.

To determine the household's income, the net income (take-home pay) from wages or self-employment, assistance payments and other unearned income, such as Social Security or child support, that a household receives will be added to cash on hand and other accessible funds (such as money in checking and savings accounts). Disaster-caused expenses will be deducted from this income/funds. The balance will be compared to the following income limits:

**Income Limits:**

Number in Household	1	2	3	4	5	6	7	8
Income Limit								

**Note:** For households of 9 or more, add \$\_\_\_\_\_ for each additional household member to the limit.

**Benefit Levels:** Eligible households will receive a one-time, one-month allotment of Food Stamps.

**Verification Needed:** Individuals applying for Disaster Food Stamps need to bring documents to prove their identity and residence in the City of \_\_\_\_\_.



## Sample Wording for a News Release

USDA TO ISSUE EMERGENCY FOOD STAMPS IN \_\_\_\_\_ COUNTY.

RICHMOND – The U.S. Department of Agriculture has approved the issuance of disaster food stamps for hurricane victims in \_\_\_\_\_ County.

County residents can begin applying for disaster food stamps on \_\_\_\_\_ at the \_\_\_\_\_ County Department of Social Services, \_\_\_\_\_, \_\_\_\_\_. The site will be open \_\_\_\_\_ from \_\_\_\_ am until \_\_\_\_ pm. County residents who are not usually eligible for food stamps may qualify temporarily if their home property or self-employment business was damaged or destroyed or if they have lost income as a result of the hurricane. Eligibility is based on available income and resources less disaster-caused expenses. For a family of four with an income of \_\_\_\_\_ or less, the food stamp allotment would be \$\_\_\_\_.

Those applying for help need to bring identification, which could be a driver's license, school or work ID, birth certificate or other identification. Also, proof of residency, such as utility bills or tax statements, should be brought.

County residents who are already receiving food stamps will need to call the \_\_\_\_\_ Department of Social Services at \_\_\_\_\_.

State and Federal officials are committed to providing benefits to all eligible households. Fraud staff may be on-site to make sure only eligible households receive food stamp benefits.



# **ATTENTION FOOD STAMP APPLICANTS**

## **BE SURE TO TELL THE TRUTH WHEN YOU APPLY FOR FOOD STAMPS!**

- People who give false or misleading information or withhold information to receive benefits may be prosecuted or referred for an Administrative Disqualification Hearing.
- People who break the food stamp rules may be disqualified from the program, fined and/or imprisoned.
- People who get benefits they are not entitled to may be required to pay them back.
- We will check to see if you have received disaster food stamps more than once. The information you give, including Social Security Numbers, may be matched against Federal, State and local records to determine if the information you provide is accurate.

**DO NOT SELL, TRADE, OR GIVE AWAY YOUR  
CARDINAL CARD!**



PART XXI      REDUCTION, SUSPENSION, CANCELLATION OF FOOD STAMP BENEFITS

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A. GENERAL PURPOSE

This chapter provides guidelines local agencies must use if the USDA orders a reduction, suspension or cancellation of food stamp benefits. Depending upon the orders issued by USDA, there could be a suspension or cancellation of benefits for one or more months, a reduction for one or more months or a combination of these.

B. DEFINITIONS

1. Reduction - A reduction of food stamp benefits means that there will be a percentage reduction of the maximum **benefit** allotments. Local agencies will receive allotment tables that reflect the reduction as it applies to each household size at each income increment.
2. Cancellation - A cancellation of food stamp benefits means that there will be no benefits issued for a particular month or months.
3. Suspension - A suspension of food stamp benefits is basically the same as a cancellation except it should be more temporary. The net effect of a suspension may mean that eligible household would receive benefits a delayed basis.

C. REDUCTION

The Virginia Department of Social Services will notify local agencies if there must be a reduction of food stamp benefits. The notification will include the effective date of the reduction and the percentage.

When agencies receive the notice that a reduction must occur, local workers must act immediately to implement the order. **Modification of the statewide computer system must also occur so that households would receive the appropriate benefit amounts.**

Any household with one or two members whose reduced benefits would be less than \$10 would generally receive a minimum benefit of \$10. If there is a reduction rate of 90% or more for the affected month, one or two-person households would not receive the \$10 minimum. Benefit levels of \$1, \$3 and \$5 must be rounded up to \$2, \$4 and \$6 respectively.

D. SUSPENSION AND CANCELLATIONS

The Virginia Department of Social Services will notify local agencies if there must be a suspension or cancellation of food stamp benefits and the effective date of the suspension or cancellation.

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Households will not receive a minimum benefit if benefits are suspended or cancelled.

When agencies receive the notice that a suspension or cancellation must take place, local workers must act immediately to implement the order. Reprogramming for the statewide computer system must also occur timely to make necessary computer adjustments.

E. GENERAL OPERATING PROCEDURES

1. Notifying Eligible Households

A reduction, suspension or cancellation of benefits would be a mass change. Normal requirements applied to mass changes would be used:

- a. Notification of recipients through news media.
- b. Posters in certification offices.
- c. General explanatory notices mailed to participating households.

Local agencies may not use the Advance Notice of Proposed Action to notify households in the event of a reduction, suspension or cancellation.

2. Restoration of Benefits

Households receiving restored benefits or who are to receive retroactive benefits at the time of the order for reduction, suspension or cancellation of benefits, will not have these benefits affected during the month(s) the action is in effect.

Households who receive reduced or cancelled benefits because of these procedures are not entitled to restoration of benefits at a future date unless USDA orders the restoration.

3. Record Keeping

There must be a record of benefits that households receive during a month(s) when a reduction is in effect and the amount households would have received had full monthly benefits been distributed.

There must also be records kept to show the amount of benefits households would have received if there is a cancellation of benefits.

TRANSMITTAL #54



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4. Eligibility Determination

An order for a reduction, suspension or cancellation of benefits will not affect the determination of eligibility. Local agencies must accept and process applications within normal time frames. If however, an applicant is determined eligible and a reduction is in effect, that household must receive benefits according to the revised issuance tables that reflect the reduction.

If an applicant is eligible and a cancellation is in effect, the household will not receive any benefits.

5. Expedited Services

a. Households eligible for expedited processing who apply during month(s) when a reduction or suspension is in effect shall be processed according to expedited procedures.

- 1) If a reduction is in effect the allotment issued must reflect the reduction.
- 2) If a suspension is in effect at the time of certification, the eligible household will not receive any benefits until the suspension of benefits is no longer in effect.

b. Households eligible for expedited processing who apply during month(s) in which cancellations are in effect must have their cases processed either in **seven** calendar days or by the end of the month of application, whichever date is later.

6. Certification Periods

A reduction, suspension or cancellation will have no effect on the certification periods assigned to eligible households.

Normal recertification procedures will also apply during a reduction, suspension or cancellation of benefits.

7. Action To Be Taken When The Suspension or Cancellation Is Lifted

Local agencies will receive immediate notice that the suspension or cancellation of benefits is over. **Local agencies and the State Office must resume all actions to post full benefits to EBT accounts of certified households as soon as possible.**

TRANSMITTAL #54



8. Fair Hearings

Households may request a fair hearing if the household believes that the benefit level was computed incorrectly or that the rules were misapplied or misinterpreted for benefits that were reduced, suspended or cancelled by this policy. Under no circumstances do households have a right to continuation of benefits, even if they appeal in a timely manner.

If a hearing determines that a household received fewer benefits than it should have, the household may be entitled to restoration of lost benefits for the difference.



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**PART XXII   WORKFARE   -   RESERVED**



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PART XXIII

BENEFIT ALLOTMENTS

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
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B.	BENEFIT ALLOTMENT TABLES	1-33



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A. CALCULATING BENEFIT ALLOTMENTS

The tables on the following pages show the appropriate benefits for household sizes 1 through 10.

For household sizes 1 and 2, \$10 is the minimum allotment for all eligible households, including PA categorically eligible households. The maximum monthly net income does not apply to categorically eligible households however.

For household sizes 3 through 10, the allotment tables are calculated from the maximum benefit allotment to the \$2 minimum allotment. NOTE: ONLY PA CATEGORICALLY ELIGIBLE HOUSEHOLDS ARE ELIGIBLE FOR ALLOTMENTS WHERE THE HOUSEHOLD'S NET INCOME EXCEEDS THE NET INCOME MAXIMUM. For example, for a 4-person household, the maximum net income is **\$1,613**. The allotment offered at that level of income is **\$22**. The rest of the allotment table, from the net income of **\$1,614** through **\$1,683**, the last income figure, for which an allotment is available, applies to PA categorically eligible households only.

To calculate issuances to households of more than ten persons, use the following formula:

1. Maximum Benefit Allotment. If there are more than ten household members, add **\$114** to the monthly maximum benefit allotment.
2. Maximum Monthly Net Income. If there are more than ten household members, add **\$272** to the monthly maximum net income. NOTE: Maximum monthly net income limits do not apply to PA categorically eligible households.

There will be occasions when a household is entitled to an allotment of \$1, \$3, or \$5. This can occur when a supplement, replacement or restoration is given, or when an allotment reduction calculation results in entitlement to \$1, \$3, or \$5. Raise allotments of \$1, \$3 or \$5 to the next dollar amount, namely \$2, \$4 or \$6 respectively.



BASIS OF BENEFIT ISSUANCE  
OCTOBER 2005

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
0	-	0	152	278	399	506	601	722	798	912	1026	1140
1	-	3	151	277	398	505	600	721	797	911	1025	1139
4	-	6	150	276	397	504	599	720	796	910	1024	1138
7	-	10	149	275	396	503	598	719	795	909	1023	1137
11	-	13	148	274	395	502	597	718	794	908	1022	1136
14	-	16	147	273	394	501	596	717	793	907	1021	1135
17	-	20	146	272	393	500	595	716	792	906	1020	1134
21	-	23	145	271	392	499	594	715	791	905	1019	1133
24	-	26	144	270	391	498	593	714	790	904	1018	1132
27	-	30	143	269	390	497	592	713	789	903	1017	1131
31	-	33	142	268	389	496	591	712	788	902	1016	1130
34	-	36	141	267	388	495	590	711	787	901	1015	1129
37	-	40	140	266	387	494	589	710	786	900	1014	1128
41	-	43	139	265	386	493	588	709	785	899	1013	1127
44	-	46	138	264	385	492	587	708	784	898	1012	1126
47	-	50	137	263	384	491	586	707	783	897	1011	1125
51	-	53	136	262	383	490	585	706	782	896	1010	1124
54	-	56	135	261	382	489	584	705	781	895	1009	1123
57	-	60	134	260	381	488	583	704	780	894	1008	1122
61	-	63	133	259	380	487	582	703	779	893	1007	1121
64	-	66	132	258	379	486	581	702	778	892	1006	1120
67	-	70	131	257	378	485	580	701	777	891	1005	1119
71	-	73	130	256	377	484	579	700	776	890	1004	1118
74	-	76	129	255	376	483	578	699	775	889	1003	1117
77	-	80	128	254	375	482	577	698	774	888	1002	1116
81	-	83	127	253	374	481	576	697	773	887	1001	1115
84	-	86	126	252	373	480	575	696	772	886	1000	1114
87	-	90	125	251	372	479	574	695	771	885	999	1113
91	-	93	124	250	371	478	573	694	770	884	998	1112
94	-	96	123	249	370	477	572	693	769	883	997	1111
97	-	100	122	248	369	476	571	692	768	882	996	1110
101	-	103	121	247	368	475	570	691	767	881	995	1109
104	-	106	120	246	367	474	569	690	766	880	994	1108
107	-	110	119	245	366	473	568	689	765	879	993	1107
111	-	113	118	244	365	472	567	688	764	878	992	1106



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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
114	-	116	117	243	364	471	566	687	763	877	991	1105
117	-	120	116	242	363	470	565	686	762	876	990	1104
121	-	123	115	241	362	469	564	685	761	875	989	1103
124	-	126	114	240	361	468	563	684	760	874	988	1102
127	-	130	113	239	360	467	562	683	759	873	987	1101
131	-	133	112	238	359	466	561	682	758	872	986	1100
134	-	136	111	237	358	465	560	681	757	871	985	1099
137	-	140	110	236	357	464	559	680	756	870	984	1098
141	-	143	109	235	356	463	558	679	755	869	983	1097
144	-	146	108	234	355	462	557	678	754	868	982	1096
147	-	150	107	233	354	461	556	677	753	867	981	1095
151	-	153	106	232	353	460	555	676	752	866	980	1094
154	-	156	105	231	352	459	554	675	751	865	979	1093
157	-	160	104	230	351	458	553	674	750	864	978	1092
161	-	163	103	229	350	457	552	673	749	863	977	1091
164	-	166	102	228	349	456	551	672	748	862	976	1090
167	-	170	101	227	348	455	550	671	747	861	975	1089
171	-	173	100	226	347	454	549	670	746	860	974	1088
174	-	176	99	225	346	453	548	669	745	859	973	1087
177	-	180	98	224	345	452	547	668	744	858	972	1086
181	-	183	97	223	344	451	546	667	743	857	971	1085
184	-	186	96	222	343	450	545	666	742	856	970	1084
187	-	190	95	221	342	449	544	665	741	855	969	1083
191	-	193	94	220	341	448	543	664	740	854	968	1082
194	-	196	93	219	340	447	542	663	739	853	967	1081
197	-	200	92	218	339	446	541	662	738	852	966	1080
201	-	203	91	217	338	445	540	661	737	851	965	1079
204	-	206	90	216	337	444	539	660	736	850	964	1078
207	-	210	89	215	336	443	538	659	735	849	963	1077
211	-	213	88	214	335	442	537	658	734	848	962	1076
214	-	216	87	213	334	441	536	657	733	847	961	1075
217	-	220	86	212	333	440	535	656	732	846	960	1074
221	-	223	85	211	332	439	534	655	731	845	959	1073
224	-	226	84	210	331	438	533	654	730	844	958	1072
227	-	230	83	209	330	437	532	653	729	843	957	1071



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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
231	-	233	82	208	329	436	531	652	728	842	956	1070
234	-	236	81	207	328	435	530	651	727	841	955	1069
237	-	240	80	206	327	434	529	650	726	840	954	1068
241	-	243	79	205	326	433	528	649	725	839	953	1067
244	-	246	78	204	325	432	527	648	724	838	952	1066
247	-	250	77	203	324	431	526	647	723	837	951	1065
251	-	253	76	202	323	430	525	646	722	836	950	1064
254	-	256	75	201	322	429	524	645	721	835	949	1063
257	-	260	74	200	321	428	523	644	720	834	948	1062
261	-	263	73	199	320	427	522	643	719	833	947	1061
264	-	266	72	198	319	426	521	642	718	832	946	1060
267	-	270	71	197	318	425	520	641	717	831	945	1059
271	-	273	70	196	317	424	519	640	716	830	944	1058
274	-	276	69	195	316	423	518	639	715	829	943	1057
277	-	280	68	194	315	422	517	638	714	828	942	1056
281	-	283	67	193	314	421	516	637	713	827	941	1055
284	-	286	66	192	313	420	515	636	712	826	940	1054
287	-	290	65	191	312	419	514	635	711	825	939	1053
291	-	293	64	190	311	418	513	634	710	824	938	1052
294	-	296	63	189	310	417	512	633	709	823	937	1051
297	-	300	62	188	309	416	511	632	708	822	936	1050
301	-	303	61	187	308	415	510	631	707	821	935	1049
304	-	306	60	186	307	414	509	630	706	820	934	1048
307	-	310	59	185	306	413	508	629	705	819	933	1047
311	-	313	58	184	305	412	507	628	704	818	932	1046
314	-	316	57	183	304	411	506	627	703	817	931	1045
317	-	320	56	182	303	410	505	626	702	816	930	1044
321	-	323	55	181	302	409	504	625	701	815	929	1043
324	-	326	54	180	301	408	503	624	700	814	928	1042
327	-	330	53	179	300	407	502	623	699	813	927	1041
331	-	333	52	178	299	406	501	622	698	812	926	1040
334	-	336	51	177	298	405	500	621	697	811	925	1039
337	-	340	50	176	297	404	499	620	696	810	924	1038
341	-	343	49	175	296	403	498	619	695	809	923	1037
344	-	346	48	174	295	402	497	618	694	808	922	1036



BASIS OF BENEFIT ISSUANCE  
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
347	-	350	47	173	294	401	496	617	693	807	921	1035
351	-	353	46	172	293	400	495	616	692	806	920	1034
354	-	356	45	171	292	399	494	615	691	805	919	1033
357	-	360	44	170	291	398	493	614	690	804	918	1032
361	-	363	43	169	290	397	492	613	689	803	917	1031
364	-	366	42	168	289	396	491	612	688	802	916	1030
367	-	370	41	167	288	395	490	611	687	801	915	1029
371	-	373	40	166	287	394	489	610	686	800	914	1028
374	-	376	39	165	286	393	488	609	685	799	913	1027
377	-	380	38	164	285	392	487	608	684	798	912	1026
381	-	383	37	163	284	391	486	607	683	797	911	1025
384	-	386	36	162	283	390	485	606	682	796	910	1024
387	-	390	35	161	282	389	484	605	681	795	909	1023
391	-	393	34	160	281	388	483	604	680	794	908	1022
394	-	396	33	159	280	387	482	603	679	793	907	1021
397	-	400	32	158	279	386	481	602	678	792	906	1020
401	-	403	31	157	278	385	480	601	677	791	905	1019
404	-	406	30	156	277	384	479	600	676	790	904	1018
407	-	410	29	155	276	383	478	599	675	789	903	1017
411	-	413	28	154	275	382	477	598	674	788	902	1016
414	-	416	27	153	274	381	476	597	673	787	901	1015
417	-	420	26	152	273	380	475	596	672	786	900	1014
421	-	423	25	151	272	379	474	595	671	785	899	1013
424	-	426	24	150	271	378	473	594	670	784	898	1012
427	-	430	23	149	270	377	472	593	669	783	897	1011
431	-	433	22	148	269	376	471	592	668	782	896	1010
434	-	436	21	147	268	375	470	591	667	781	895	1009
437	-	440	20	146	267	374	469	590	666	780	894	1008
441	-	443	19	145	266	373	468	589	665	779	893	1007
444	-	446	18	144	265	372	467	588	664	778	892	1006
447	-	450	17	143	264	371	466	587	663	777	891	1005
451	-	453	16	142	263	370	465	586	662	776	890	1004
454	-	456	15	141	262	369	464	585	661	775	889	1003
457	-	460	14	140	261	368	463	584	660	774	888	1002
461	-	463	13	139	260	367	462	583	659	773	887	1001



BASIS OF BENEFIT ISSUANCE  
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
464	-	466	12	138	259	366	461	582	658	772	886	1000
467	-	470	11	137	258	365	460	581	657	771	885	999
471	-	473	10	136	257	364	459	580	656	770	884	998
474	-	476	10	135	256	363	458	579	655	769	883	997
477	-	480	10	134	255	362	457	578	654	768	882	996
481	-	483	10	133	254	361	456	577	653	767	881	995
484	-	486	10	132	253	360	455	576	652	766	880	994
487	-	490	10	131	252	359	454	575	651	765	879	993
491	-	493	10	130	251	358	453	574	650	764	878	992
494	-	496	10	129	250	357	452	573	649	763	877	991
497	-	500	10	128	249	356	451	572	648	762	876	990
501	-	503	10	127	248	355	450	571	647	761	875	989
504	-	506	10	126	247	354	449	570	646	760	874	988
507	-	510	10	125	246	353	448	569	645	759	873	987
511	-	513	10	124	245	352	447	568	644	758	872	986
514	-	516	10	123	244	351	446	567	643	757	871	985
517	-	520	10	122	243	350	445	566	642	756	870	984
521	-	523	10	121	242	349	444	565	641	755	869	983
524	-	526	10	120	241	348	443	564	640	754	868	982
527	-	530	10	119	240	347	442	563	639	753	867	981
531	-	533	10	118	239	346	441	562	638	752	866	980
534	-	536	10	117	238	345	440	561	637	751	865	979
537	-	540	10	116	237	344	439	560	636	750	864	978
541	-	543	10	115	236	343	438	559	635	749	863	977
544	-	546	10	114	235	342	437	558	634	748	862	976
547	-	550	10	113	234	341	436	557	633	747	861	975
551	-	553	10	112	233	340	435	556	632	746	860	974
554	-	556	10	111	232	339	434	555	631	745	859	973
557	-	560	10	110	231	338	433	554	630	744	858	972
561	-	563	10	109	230	337	432	553	629	743	857	971
564	-	566	10	108	229	336	431	552	628	742	856	970
567	-	570	10	107	228	335	430	551	627	741	855	969
571	-	573	10	106	227	334	429	550	626	740	854	968
574	-	576	10	105	226	333	428	549	625	739	853	967
577	-	580	10	104	225	332	427	548	624	738	852	966



BASIS OF BENEFIT ISSUANCE  
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
581	-	583	10	103	224	331	426	547	623	737	851	965
584	-	586	10	102	223	330	425	546	622	736	850	964
587	-	590	10	101	222	329	424	545	621	735	849	963
591	-	593	10	100	221	328	423	544	620	734	848	962
594	-	596	10	99	220	327	422	543	619	733	847	961
597	-	600	10	98	219	326	421	542	618	732	846	960
601	-	603	10	97	218	325	420	541	617	731	845	959
604	-	606	10	96	217	324	419	540	616	730	844	958
607	-	610	10	95	216	323	418	539	615	729	843	957
611	-	613	10	94	215	322	417	538	614	728	842	956
614	-	616	10	93	214	321	416	537	613	727	841	955
617	-	620	10	92	213	320	415	536	612	726	840	954
621	-	623	10	91	212	319	414	535	611	725	839	953
624	-	626	10	90	211	318	413	534	610	724	838	952
627	-	630	10	89	210	317	412	533	609	723	837	951
631	-	633	10	88	209	316	411	532	608	722	836	950
634	-	636	10	87	208	315	410	531	607	721	835	949
637	-	640	10	86	207	314	409	530	606	720	834	948
641	-	643	10	85	206	313	408	529	605	719	833	947
644	-	646	10	84	205	312	407	528	604	718	832	946
647	-	650	10	83	204	311	406	527	603	717	831	945
651	-	653	10	82	203	310	405	526	602	716	830	944
654	-	656	10	81	202	309	404	525	601	715	829	943
657	-	660	10	80	201	308	403	524	600	714	828	942
661	-	663	10	79	200	307	402	523	599	713	827	941
664	-	666	10	78	199	306	401	522	598	712	826	940
667	-	670	10	77	198	305	400	521	597	711	825	939
671	-	673	10	76	197	304	399	520	596	710	824	938
674	-	676	10	75	196	303	398	519	595	709	823	937
677	-	680	10	74	195	302	397	518	594	708	822	936
681	-	683	10	73	194	301	396	517	593	707	821	935
684	-	686	10	72	193	300	395	516	592	706	820	934
687	-	690	10	71	192	299	394	515	591	705	819	933
691	-	693	10	70	191	298	393	514	590	704	818	932
694	-	696	10	69	190	297	392	513	589	703	817	931



BASIS OF BENEFIT ISSUANCE  
OCTOBER 2005

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
697	-	700	10	68	189	296	391	512	588	702	816	930
701	-	703	10	67	188	295	390	511	587	701	815	929
704	-	706	10	66	187	294	389	510	586	700	814	928
707	-	710	10	65	186	293	388	509	585	699	813	927
711	-	713	10	64	185	292	387	508	584	698	812	926
714	-	716	10	63	184	291	386	507	583	697	811	925
717	-	720	10	62	183	290	385	506	582	696	810	924
721	-	723	10	61	182	289	384	505	581	695	809	923
724	-	726	10	60	181	288	383	504	580	694	808	922
727	-	730	10	59	180	287	382	503	579	693	807	921
731	-	733	10	58	179	286	381	502	578	692	806	920
734	-	736	10	57	178	285	380	501	577	691	805	919
737	-	740	10	56	177	284	379	500	576	690	804	918
741	-	743	10	55	176	283	378	499	575	689	803	917
744	-	746	10	54	175	282	377	498	574	688	802	916
747	-	750	10	53	174	281	376	497	573	687	801	915
751	-	753	10	52	173	280	375	496	572	686	800	914
754	-	756	10	51	172	279	374	495	571	685	799	913
757	-	760	10	50	171	278	373	494	570	684	798	912
761	-	763	10	49	170	277	372	493	569	683	797	911
764	-	766	10	48	169	276	371	492	568	682	796	910
767	-	770	10	47	168	275	370	491	567	681	795	909
771	-	773	10	46	167	274	369	490	566	680	794	908
774	-	776	10	45	166	273	368	489	565	679	793	907
777	-	780	10	44	165	272	367	488	564	678	792	906
781	-	783	10	43	164	271	366	487	563	677	791	905
784	-	786	10	42	163	270	365	486	562	676	790	904
787	-	790	10	41	162	269	364	485	561	675	789	903
791	-	793	10	40	161	268	363	484	560	674	788	902
794	-	796	10	39	160	267	362	483	559	673	787	901
797	-	800*	10*	38	159	266	361	482	558	672	786	900
801	-	803	10	37	158	265	360	481	557	671	785	899
804	-	806	10	36	157	264	359	480	556	670	784	898
807	-	810	10	35	156	263	358	479	555	669	783	897
811	-	813	10	34	155	262	357	478	554	668	782	896

\*Net Income Limit      \$798



BASIS OF BENEFIT ISSUANCE  
OCTOBER 2005

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
814	-	816	10	33	154	261	356	477	553	667	781	895
817	-	820	10	32	153	260	355	476	552	666	780	894
821	-	823	10	31	152	259	354	475	551	665	779	893
824	-	826	10	30	151	258	353	474	550	664	778	892
827	-	830	10	29	150	257	352	473	549	663	777	891
831	-	833	10	28	149	256	351	472	548	662	776	890
834	-	836	10	27	148	255	350	471	547	661	775	889
837	-	840	10	26	147	254	349	470	546	660	774	888
841	-	843	10	25	146	253	348	469	545	659	773	887
844	-	846	10	24	145	252	347	468	544	658	772	886
847	-	850	10	23	144	251	346	467	543	657	771	885
851	-	853	10	22	143	250	345	466	542	656	770	884
854	-	856	10	21	142	249	344	465	541	655	769	883
857	-	860	10	20	141	248	343	464	540	654	768	882
861	-	863	10	19	140	247	342	463	539	653	767	881
864	-	866	10	18	139	246	341	462	538	652	766	880
867	-	870	10	17	138	245	340	461	537	651	765	879
871	-	873	10	16	137	244	339	460	536	650	764	878
874	-	876	10	15	136	243	338	459	535	649	763	877
877	-	880	10	14	135	242	337	458	534	648	762	876
881	-	883	10	13	134	241	336	457	533	647	761	875
884	-	886	10	12	133	240	335	456	532	646	760	874
887	-	890	10	11	132	239	334	455	531	645	759	873
891	-	893	10	10	131	238	333	454	530	644	758	872
894	-	896	10	10	130	237	332	453	529	643	757	871
897	-	900	10	10	129	236	331	452	528	642	756	870
901	-	903	10	10	128	235	330	451	527	641	755	869
904	-	906	10	10	127	234	329	450	526	640	754	868
907	-	910	10	10	126	233	328	449	525	639	753	867
911	-	913	10	10	125	232	327	448	524	638	752	866
914	-	916	10	10	124	231	326	447	523	637	751	865
917	-	920	10	10	123	230	325	446	522	636	750	864
921	-	923	10	10	122	229	324	445	521	635	749	863
924	-	926	10	10	121	228	323	444	520	634	748	862
927	-	930	10	10	120	227	322	443	519	633	747	861



BASIS OF BENEFIT ISSUANCE  
OCTOBER 2005

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
931	-	933	10	10	119	226	321	442	518	632	746	860
934	-	936	10	10	118	225	320	441	517	631	745	859
937	-	940	10	10	117	224	319	440	516	630	744	858
941	-	943	10	10	116	223	318	439	515	629	743	857
944	-	946	10	10	115	222	317	438	514	628	742	856
947	-	950	10	10	114	221	316	437	513	627	741	855
951	-	953	10	10	113	220	315	436	512	626	740	854
954	-	956	10	10	112	219	314	435	511	625	739	853
957	-	960	10	10	111	218	313	434	510	624	738	852
961	-	963	10	10	110	217	312	433	509	623	737	851
964	-	966	10	10	109	216	311	432	508	622	736	850
967	-	970	10	10	108	215	310	431	507	621	735	849
971	-	973	10	10	107	214	309	430	506	620	734	848
974	-	976	10	10	106	213	308	429	505	619	733	847
977	-	980	10	10	105	212	307	428	504	618	732	846
981	-	983	10	10	104	211	306	427	503	617	731	845
984	-	986	10	10	103	210	305	426	502	616	730	844
987	-	990	10	10	102	209	304	425	501	615	729	843
991	-	993	10	10	101	208	303	424	500	614	728	842
994	-	996	10	10	100	207	302	423	499	613	727	841
997	-	1000	10	10	99	206	301	422	498	612	726	840
1001	-	1003	10	10	98	205	300	421	497	611	725	839
1004	-	1006	10	10	97	204	299	420	496	610	724	838
1007	-	1010	10	10	96	203	298	419	495	609	723	837
1011	-	1013	10	10	95	202	297	418	494	608	722	836
1014	-	1016	10	10	94	201	296	417	493	607	721	835
1017	-	1020	10	10	93	200	295	416	492	606	720	834
1021	-	1023	10	10	92	199	294	415	491	605	719	833
1024	-	1026	10	10	91	198	293	414	490	604	718	832
1027	-	1030	10	10	90	197	292	413	489	603	717	831
1031	-	1033	10	10	89	196	291	412	488	602	716	830
1034	-	1036	10	10	88	195	290	411	487	601	715	829
1037	-	1040	10	10	87	194	289	410	486	600	714	828
1041	-	1043	10	10	86	193	288	409	485	599	713	827
1044	-	1046	10	10	85	192	287	408	484	598	712	826

\*Net Income Limit

\$1,041



BASIS OF BENEFIT ISSUANCE  
OCTOBER 2005

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1047	-	1050	10	10	84	191	286	407	483	597	711	825
1051	-	1053	10	10	83	190	285	406	482	596	710	824
1054	-	1056	10	10	82	189	284	405	481	595	709	823
1057	-	1060	10	10	81	188	283	404	480	594	708	822
1061	-	1063	10	10	80	187	282	403	479	593	707	821
1064	-	1066	10	10	79	186	281	402	478	592	706	820
1067	-	1070*	10	10*	78	185	280	401	477	591	705	819
1071	-	1073	10	10	77	184	279	400	476	590	704	818
1074	-	1076	10	10	76	183	278	399	475	589	703	817
1077	-	1080	10	10	75	182	277	398	474	588	702	816
1081	-	1083	10	10	74	181	276	397	473	587	701	815
1084	-	1086	10	10	73	180	275	396	472	586	700	814
1087	-	1090	10	10	72	179	274	395	471	585	699	813
1091	-	1093	10	10	71	178	273	394	470	584	698	812
1094	-	1096	10	10	70	177	272	393	469	583	697	811
1097	-	1100	10	10	69	176	271	392	468	582	696	810
1101	-	1103	10	10	68	175	270	391	467	581	695	809
1104	-	1106	10	10	67	174	269	390	466	580	694	808
1107	-	1110	10	10	66	173	268	389	465	579	693	807
1111	-	1113	10	10	65	172	267	388	464	578	692	806
1114	-	1116	10	10	64	171	266	387	463	577	691	805
1117	-	1120	10	10	63	170	265	386	462	576	690	804
1121	-	1123	10	10	62	169	264	385	461	575	689	803
1124	-	1126	10	10	61	168	263	384	460	574	688	802
1127	-	1130	10	10	60	167	262	383	459	573	687	801
1131	-	1133	10	10	59	166	261	382	458	572	686	800
1134	-	1136	10	10	58	165	260	381	457	571	685	799
1137	-	1140	10	10	57	164	259	380	456	570	684	798
1141	-	1143	10	10	56	163	258	379	455	569	683	797
1144	-	1146	10	10	55	162	257	378	454	568	682	796
1147	-	1150	10	10	54	161	256	377	453	567	681	795
1151	-	1153	10	10	53	160	255	376	452	566	680	794
1154	-	1156	10	10	52	159	254	375	451	565	679	793
1157	-	1160	10	10	51	158	253	374	450	564	678	792
1161	-	1163	10	10	50	157	252	373	449	563	677	791

\*Net Income Limit

\$1,070



BASIS OF BENEFIT ISSUANCE  
OCTOBER 2005

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1164	-	1166	10	10	49	156	251	372	448	562	676	790
1167	-	1170	10	10	48	155	250	371	447	561	675	789
1171	-	1173	10	10	47	154	249	370	446	560	674	788
1174	-	1176	10	10	46	153	248	369	445	559	673	787
1177	-	1180	10	10	45	152	247	368	444	558	672	786
1181	-	1183	10	10	44	151	246	367	443	557	671	785
1184	-	1186	10	10	43	150	245	366	442	556	670	784
1187	-	1190	10	10	42	149	244	365	441	555	669	783
1191	-	1193	10	10	41	148	243	364	440	554	668	782
1194	-	1196	10	10	40	147	242	363	439	553	667	781
1197	-	1200	10	10	39	146	241	362	438	552	666	780
1201	-	1203	10	10	38	145	240	361	437	551	665	779
1204	-	1206	10	10	37	144	239	360	436	550	664	778
1207	-	1210	10	10	36	143	238	359	435	549	663	777
1211	-	1213	10	10	35	142	237	358	434	548	662	776
1214	-	1216	10	10	34	141	236	357	433	547	661	775
1217	-	1220	10	10	33	140	235	356	432	546	660	774
1221	-	1223	10	10	32	139	234	355	431	545	659	773
1224	-	1226	10	10	31	138	233	354	430	544	658	772
1227	-	1230	10	10	30	137	232	353	429	543	657	771
1231	-	1233	10	10	29	136	231	352	428	542	656	770
1234	-	1236	10	10	28	135	230	351	427	541	655	769
1237	-	1240	10	10	27	134	229	350	426	540	654	768
1241	-	1243	10	10	26	133	228	349	425	539	653	767
1244	-	1246	10	10	25	132	227	348	424	538	652	766
1247	-	1250	10	10	24	131	226	347	423	537	651	765
1251	-	1253	10	10	23	130	225	346	422	536	650	764
1254	-	1256	10	10	22	129	224	345	421	535	649	763
1257	-	1260	10	10	21	128	223	344	420	534	648	762
1261	-	1263	10	10	20	127	222	343	419	533	647	761
1264	-	1266	10	10	19	126	221	342	418	532	646	760
1267	-	1270	10	10	18	125	220	341	417	531	645	759
1271	-	1273	10	10	17	124	219	340	416	530	644	758
1274	-	1276	10	10	16	123	218	339	415	529	643	757
1277	-	1280	10	10	15	122	217	338	414	528	642	756



BASIS OF BENEFIT ISSUANCE  
OCTOBER 2005

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1281	-	1283	10	10	14	121	216	337	413	527	641	755
1284	-	1286	10	10	13	120	215	336	412	526	640	754
1287	-	1290	10	10	12	119	214	335	411	525	639	753
1291	-	1293	10	10	11	118	213	334	410	524	638	752
1294	-	1296	10	10	10	117	212	333	409	523	637	751
1297	-	1300	10	10	9	116	211	332	408	522	636	750
1301	-	1303	10	10	8	115	210	331	407	521	635	749
1304	-	1306	10	10	7	114	209	330	406	520	634	748
1307	-	1310	10	10	6	113	208	329	405	519	633	747
1311	-	1313	10	10	6	112	207	328	404	518	632	746
1314	-	1316	10	10	4	111	206	327	403	517	631	745
1317	-	1320		10	4	110	205	326	402	516	630	744
1321	-	1323		10	2	109	204	325	401	515	629	743
1324	-	1326		10	2	108	203	324	400	514	628	742
1327	-	1330		10		107	202	323	399	513	627	741
1331	-	1333		10		106	201	322	398	512	626	740
1334	-	1336		10		105	200	321	397	511	625	739
1337	-	1340		10		104	199	320	396	510	624	738
1341	-	1343*		10	*	103	198	319	395	509	623	737
1344	-	1346		10		102	197	318	394	508	622	736
1347	-	1350		10		101	196	317	393	507	621	735
1351	-	1353		10		100	195	316	392	506	620	734
1354	-	1356		10		99	194	315	391	505	619	733
1357	-	1360		10		98	193	314	390	504	618	732
1361	-	1363		10		97	192	313	389	503	617	731
1364	-	1366		10		96	191	312	388	502	616	730
1367	-	1370		10		95	190	311	387	501	615	729
1371	-	1373		10		94	189	310	386	500	614	728
1374	-	1376		10		93	188	309	385	499	613	727
1377	-	1380		10		92	187	308	384	498	612	726
1381	-	1383		10		91	186	307	383	497	611	725
1384	-	1386		10		90	185	306	382	496	610	724
1387	-	1390		10		89	184	305	381	495	609	723
1391	-	1393		10		88	183	304	380	494	608	722
1394	-	1396		10		87	182	303	379	493	607	721

\*Net Income Limit

\$1,341



BASIS OF BENEFIT ISSUANCE  
OCTOBER 2005

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1397	-	1400		10		86	181	302	378	492	606	720
1401	-	1403		10		85	180	301	377	491	605	719
1404	-	1406		10		84	179	300	376	490	604	718
1407	-	1410		10		83	178	299	375	489	603	717
1411	-	1413		10		82	177	298	374	488	602	716
1414	-	1416		10		81	176	297	373	487	601	715
1417	-	1420		10		80	175	296	372	486	600	714
1421	-	1423		10		79	174	295	371	485	599	713
1424	-	1426		10		78	173	294	370	484	598	712
1427	-	1430		10		77	172	293	369	483	597	711
1431	-	1433		10		76	171	292	368	482	596	710
1434	-	1436		10		75	170	291	367	481	595	709
1437	-	1440		10		74	169	290	366	480	594	708
1441	-	1443		10		73	168	289	365	479	593	707
1444	-	1446		10		72	167	288	364	478	592	706
1447	-	1450		10		71	166	287	363	477	591	705
1451	-	1453		10		70	165	286	362	476	590	704
1454	-	1456		10		69	164	285	361	475	589	703
1457	-	1460		10		68	163	284	360	474	588	702
1461	-	1463		10		67	162	283	359	473	587	701
1464	-	1466		10		66	161	282	358	472	586	700
1467	-	1470		10		65	160	281	357	471	585	699
1471	-	1473		10		64	159	280	356	470	584	698
1474	-	1476		10		63	158	279	355	469	583	697
1477	-	1480		10		62	157	278	354	468	582	696
1481	-	1483		10		61	156	277	353	467	581	695
1484	-	1486		10		60	155	276	352	466	580	694
1487	-	1490		10		59	154	275	351	465	579	693
1491	-	1493		10		58	153	274	350	464	578	692
1494	-	1496		10		57	152	273	349	463	577	691
1497	-	1500		10		56	151	272	348	462	576	690
1501	-	1503		10		55	150	271	347	461	575	689
1504	-	1506		10		54	149	270	346	460	574	688
1507	-	1510		10		53	148	269	345	459	573	687
1511	-	1513		10		52	147	268	344	458	572	686



BASIS OF BENEFIT ISSUANCE  
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1514	-	1516		10		51	146	267	343	457	571	685
1517	-	1520		10		50	145	266	342	456	570	684
1521	-	1523		10		49	144	265	341	455	569	683
1524	-	1526		10		48	143	264	340	454	568	682
1527	-	1530		10		47	142	263	339	453	567	681
1531	-	1533		10		46	141	262	338	452	566	680
1534	-	1536		10		45	140	261	337	451	565	679
1537	-	1540		10		44	139	260	336	450	564	678
1541	-	1543		10		43	138	259	335	449	563	677
1544	-	1546		10		42	137	258	334	448	562	676
1547	-	1550		10		41	136	257	333	447	561	675
1551	-	1553		10		40	135	256	332	446	560	674
1554	-	1556		10		39	134	255	331	445	559	673
1557	-	1560		10		38	133	254	330	444	558	672
1561	-	1563		10		37	132	253	329	443	557	671
1564	-	1566		10		36	131	252	328	442	556	670
1567	-	1570		10		35	130	251	327	441	555	669
1571	-	1573		10		34	129	250	326	440	554	668
1574	-	1576		10		33	128	249	325	439	553	667
1577	-	1580		10		32	127	248	324	438	552	666
1581	-	1583		10		31	126	247	323	437	551	665
1584	-	1586		10		30	125	246	322	436	550	664
1587	-	1590		10		29	124	245	321	435	549	663
1591	-	1593		10		28	123	244	320	434	548	662
1594	-	1596		10		27	122	243	319	433	547	661
1597	-	1600		10		26	121	242	318	432	546	660
1601	-	1603		10		25	120	241	317	431	545	659
1604	-	1606		10		24	119	240	316	430	544	658
1607	-	1610		10		23	118	239	315	429	543	657
1611	-	1613*		10		22*	117	238	314	428	542	656
1614	-	1616		10		21	116	237	313	427	541	655
1617	-	1620		10		20	115	236	312	426	540	654
1621	-	1623		10		19	114	235	311	425	539	653
1624	-	1626		10		18	113	234	310	424	538	652
1627	-	1630		10		17	112	233	309	423	537	651

\*Net Income Limit

\$1,613



BASIS OF BENEFIT ISSUANCE  
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1631	-	1633		10		16	111	232	308	422	536	650
1634	-	1636		10		15	110	231	307	421	535	649
1637	-	1640		10		14	109	230	306	420	534	648
1641	-	1643		10		13	108	229	305	419	533	647
1644	-	1646		10		12	107	228	304	418	532	646
1647	-	1650		10		11	106	227	303	417	531	645
1651	-	1653		10		10	105	226	302	416	530	644
1654	-	1656		10		9	104	225	301	415	529	643
1657	-	1660		10		8	103	224	300	414	528	642
1661	-	1663		10		7	102	223	299	413	527	641
1664	-	1666		10		6	101	222	298	412	526	640
1667	-	1670		10		6	100	221	297	411	525	639
1671	-	1673		10		4	99	220	296	410	524	638
1674	-	1676		10		4	98	219	295	409	523	637
1677	-	1680		10		2	97	218	294	408	522	636
1681	-	1683		10		2	96	217	293	407	521	635
1684	-	1686		10			95	216	292	406	520	634
1687	-	1690		10			94	215	291	405	519	633
1691	-	1693		10			93	214	290	404	518	632
1694	-	1696		10			92	213	289	403	517	631
1697	-	1700		10			91	212	288	402	516	630
1701	-	1703		10			90	211	287	401	515	629
1704	-	1706		10			89	210	286	400	514	628
1707	-	1710		10			88	209	285	399	513	627
1711	-	1713		10			87	208	284	398	512	626
1714	-	1716		10			86	207	283	397	511	625
1717	-	1720		10			85	206	282	396	510	624
1721	-	1723		10			84	205	281	395	509	623
1724	-	1726		10			83	204	280	394	508	622
1727	-	1730		10			82	203	279	393	507	621
1731	-	1733		10			81	202	278	392	506	620
1734	-	1736		10			80	201	277	391	505	619
1737	-	1740		10			79	200	276	390	504	618
1741	-	1743		10			78	199	275	389	503	617
1744	-	1746		10			77	198	274	388	502	616



BASIS OF BENEFIT ISSUANCE  
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1747	-	1750		10			76	197	273	387	501	615
1751	-	1753		10			75	196	272	386	500	614
1754	-	1756		10			74	195	271	385	499	613
1757	-	1760		10			73	194	270	384	498	612
1761	-	1763		10			72	193	269	383	497	611
1764	-	1766		10			71	192	268	382	496	610
1767	-	1770					70	191	267	381	495	609
1771	-	1773					69	190	266	380	494	608
1774	-	1776					68	189	265	379	493	607
1777	-	1780					67	188	264	378	492	606
1781	-	1783					66	187	263	377	491	605
1784	-	1786					65	186	262	376	490	604
1787	-	1790					64	185	261	375	489	603
1791	-	1793					63	184	260	374	488	602
1794	-	1796					62	183	259	373	487	601
1797	-	1800					61	182	258	372	486	600
1801	-	1803					60	181	257	371	485	599
1804	-	1806					59	180	256	370	484	598
1807	-	1810					58	179	255	369	483	597
1811	-	1813					57	178	254	368	482	596
1814	-	1816					56	177	253	367	481	595
1817	-	1820					55	176	252	366	480	594
1821	-	1823					54	175	251	365	479	593
1824	-	1826					53	174	250	364	478	592
1827	-	1830					52	173	249	363	477	591
1831	-	1833					51	172	248	362	476	590
1834	-	1836					50	171	247	361	475	589
1837	-	1840					49	170	246	360	474	588
1841	-	1843					48	169	245	359	473	587
1844	-	1846					47	168	244	358	472	586
1847	-	1850					46	167	243	357	471	585
1851	-	1853					45	166	242	356	470	584
1854	-	1856					44	165	241	355	469	583
1857	-	1860					43	164	240	354	468	582
1861	-	1863					42	163	239	353	467	581



BASIS OF BENEFIT ISSUANCE  
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1864	-	1866					41	162	238	352	466	580
1867	-	1870					40	161	237	351	465	579
1871	-	1873					39	160	236	350	464	578
1874	-	1876					38	159	235	349	463	577
1877	-	1880					37	158	234	348	462	576
1881	-	1883					36	157	233	347	461	575
1884	-	1886*					35*	156	232	346	460	574
1887	-	1890					34	155	231	345	459	573
1891	-	1893					33	154	230	344	458	572
1894	-	1896					32	153	229	343	457	571
1897	-	1900					31	152	228	342	456	570
1901	-	1903					30	151	227	341	455	569
1904	-	1906					29	150	226	340	454	568
1907	-	1910					28	149	225	339	453	567
1911	-	1913					27	148	224	338	452	566
1914	-	1916					26	147	223	337	451	565
1917	-	1920					25	146	222	336	450	564
1921	-	1923					24	145	221	335	449	563
1924	-	1926					23	144	220	334	448	562
1927	-	1930					22	143	219	333	447	561
1931	-	1933					21	142	218	332	446	560
1934	-	1936					20	141	217	331	445	559
1937	-	1940					19	140	216	330	444	558
1941	-	1943					18	139	215	329	443	557
1944	-	1946					17	138	214	328	442	556
1947	-	1950					16	137	213	327	441	555
1951	-	1953					15	136	212	326	440	554
1954	-	1956					14	135	211	325	439	553
1957	-	1960					13	134	210	324	438	552
1961	-	1963					12	133	209	323	437	551
1964	-	1966					11	132	208	322	436	550
1967	-	1970					10	131	207	321	435	549
1971	-	1973					9	130	206	320	434	548
1974	-	1976					8	129	205	319	433	547
1977	-	1980					7	128	204	318	432	546

\*Net Income Limit

\$1,885



BASIS OF BENEFIT ISSUANCE  
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1981	-	1983					6	127	203	317	431	545
1984	-	1986					6	126	202	316	430	544
1987	-	1990					4	125	201	315	429	543
1991	-	1993					4	124	200	314	428	542
1994	-	1996					2	123	199	313	427	541
1997	-	2000					2	122	198	312	426	540
2001	-	2003						121	197	311	425	539
2004	-	2006						120	196	310	424	538
2007	-	2010						119	195	309	423	537
2011	-	2013						118	194	308	422	536
2014	-	2016						117	193	307	421	535
2017	-	2020						116	192	306	420	534
2021	-	2023						115	191	305	419	533
2024	-	2026						114	190	304	418	532
2027	-	2030						113	189	303	417	531
2031	-	2033						112	188	302	416	530
2034	-	2036						111	187	301	415	529
2037	-	2040						110	186	300	414	528
2041	-	2043						109	185	299	413	527
2044	-	2046						108	184	298	412	526
2047	-	2050						107	183	297	411	525
2051	-	2053						106	182	296	410	524
2054	-	2056						105	181	295	409	523
2057	-	2060						104	180	294	408	522
2061	-	2063						103	179	293	407	521
2064	-	2066						102	178	292	406	520
2067	-	2070						101	177	291	405	519
2071	-	2073						100	176	290	404	518
2074	-	2076						99	175	289	403	517
2077	-	2080						98	174	288	402	516
2081	-	2083						97	173	287	401	515
2084	-	2086						96	172	286	400	514
2087	-	2090						95	171	285	399	513
2091	-	2093						94	170	284	398	512
2094	-	2096						93	169	283	397	511



BASIS OF BENEFIT ISSUANCE  
OCTOBER 2005

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2097	-	2100						92	168	282	396	510
2101	-	2103						91	167	281	395	509
2104	-	2106						90	166	280	394	508
2107	-	2110						89	165	279	393	507
2111	-	2113						88	164	278	392	506
2114	-	2116						87	163	277	391	505
2117	-	2120						86	162	276	390	504
2121	-	2123						85	161	275	389	503
2124	-	2126						84	160	274	388	502
2127	-	2130						83	159	273	387	501
2131	-	2133						82	158	272	386	500
2134	-	2136						81	157	271	385	499
2137	-	2140						80	156	270	384	498
2141	-	2143						79	155	269	383	497
2144	-	2146						78	154	268	382	496
2147	-	2150						77	153	267	381	495
2151	-	2153						76	152	266	380	494
2154	-	2156*						75*	151	265	379	493
2157	-	2160						74	150	264	378	492
2161	-	2163						73	149	263	377	491
2164	-	2166						72	148	262	376	490
2167	-	2170						71	147	261	375	489
2171	-	2173						70	146	260	374	488
2174	-	2176						69	145	259	373	487
2177	-	2180						68	144	258	372	486
2181	-	2183						67	143	257	371	485
2184	-	2186						66	142	256	370	484
2187	-	2190						65	141	255	369	483
2191	-	2193						64	140	254	368	482
2194	-	2196						63	139	253	367	481
2197	-	2200						62	138	252	366	480
2201	-	2203						61	137	251	365	479
2204	-	2206						60	136	250	364	478
2207	-	2210						59	135	249	363	477
2211	-	2213						58	134	248	362	476
*Net Income Limit								\$2,156				



BASIS OF BENEFIT ISSUANCE  
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2214	-	2216						57	133	247	361	475
2217	-	2220						56	132	246	360	474
2221	-	2223						55	131	245	359	473
2224	-	2226						54	130	244	358	472
2227	-	2230						53	129	243	357	471
2231	-	2233						52	128	242	356	470
2234	-	2236						51	127	241	355	469
2237	-	2240						50	126	240	354	468
2241	-	2243						49	125	239	353	467
2244	-	2246						48	124	238	352	466
2247	-	2250						47	123	237	351	465
2251	-	2253						46	122	236	350	464
2254	-	2256						45	121	235	349	463
2257	-	2260						44	120	234	348	462
2261	-	2263						43	119	233	347	461
2264	-	2266						42	118	232	346	460
2267	-	2270						41	117	231	345	459
2271	-	2273						40	116	230	344	458
2274	-	2276						39	115	229	343	457
2277	-	2280						38	114	228	342	456
2281	-	2283						37	113	227	341	455
2284	-	2286						36	112	226	340	454
2287	-	2290						35	111	225	339	453
2291	-	2293						34	110	224	338	452
2294	-	2296						33	109	223	337	451
2297	-	2300						32	108	222	336	450
2301	-	2303						31	107	221	335	449
2304	-	2306						30	106	220	334	448
2307	-	2310						29	105	219	333	447
2311	-	2313						28	104	218	332	446
2314	-	2316						27	103	217	331	445
2317	-	2320						26	102	216	330	444
2321	-	2323						25	101	215	329	443
2324	-	2326						24	100	214	328	442
2327	-	2330						23	99	213	327	441



BASIS OF BENEFIT ISSUANCE  
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2331	-	2333						22	98	212	326	440
2334	-	2336						21	97	211	325	439
2337	-	2340						20	96	210	324	438
2341	-	2343						19	95	209	323	437
2344	-	2346						18	94	208	322	436
2347	-	2350						17	93	207	321	435
2351	-	2353						16	92	206	320	434
2354	-	2356						15	91	205	319	433
2357	-	2360						14	90	204	318	432
2361	-	2363						13	89	203	317	431
2364	-	2366						12	88	202	316	430
2367	-	2370						11	87	201	315	429
2371	-	2373						10	86	200	314	428
2374	-	2376						9	85	199	313	427
2377	-	2380						8	84	198	312	426
2381	-	2383						7	83	197	311	425
2384	-	2386						6	82	196	310	424
2387	-	2390						6	81	195	309	423
2391	-	2393						4	80	194	308	422
2394	-	2396						4	79	193	307	421
2397	-	2400						2	78	192	306	420
2401	-	2403						2	77	191	305	419
2404	-	2406							76	190	304	418
2407	-	2410							75	189	303	417
2411	-	2413							74	188	302	416
2414	-	2416							73	187	301	415
2417	-	2420							72	186	300	414
2421	-	2423							71	185	299	413
2424	-	2426							70	184	298	412
2427	-	2430*							69*	183	297	411
2431	-	2433							68	182	296	410
2434	-	2436							67	181	295	409
2437	-	2440							66	180	294	408
2441	-	2443							65	179	293	407
2444	-	2446							64	178	292	406
*Net Income Limit									\$2,428			



BASIS OF BENEFIT ISSUANCE  
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2447	-	2450							63	177	291	405
2451	-	2453							62	176	290	404
2454	-	2456							61	175	289	403
2457	-	2460							60	174	288	402
2461	-	2463							59	173	287	401
2464	-	2466							58	172	286	400
2467	-	2470							57	171	285	399
2471	-	2473							56	170	284	398
2474	-	2476							55	169	283	397
2477	-	2480							54	168	282	396
2481	-	2483							53	167	281	395
2484	-	2486							52	166	280	394
2487	-	2490							51	165	279	393
2491	-	2493							50	164	278	392
2494	-	2496							49	163	277	391
2497	-	2500							48	162	276	390
2501	-	2503							47	161	275	389
2504	-	2506							46	160	274	388
2507	-	2510							45	159	273	387
2511	-	2513							44	158	272	386
2514	-	2516							43	157	271	385
2517	-	2520							42	156	270	384
2521	-	2523							41	155	269	383
2524	-	2526							40	154	268	382
2527	-	2530							39	153	267	381
2531	-	2533							38	152	266	380
2534	-	2536							37	151	265	379
2537	-	2540							36	150	264	378
2541	-	2543							35	149	263	377
2544	-	2546							34	148	262	376
2547	-	2550							33	147	261	375
2551	-	2553							32	146	260	374
2554	-	2556							31	145	259	373
2557	-	2560							30	144	258	372
2561	-	2563							29	143	257	371



BASIS OF BENEFIT ISSUANCE  
OCTOBER 2005

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2564	-	2566							28	142	256	370
2567	-	2570							27	141	255	369
2571	-	2573							26	140	254	368
2574	-	2576							25	139	253	367
2577	-	2580							24	138	252	366
2581	-	2583							23	137	251	365
2584	-	2586							22	136	250	364
2587	-	2590							21	135	249	363
2591	-	2593							20	134	248	362
2594	-	2596							19	133	247	361
2597	-	2600							18	132	246	360
2601	-	2603							17	131	245	359
2604	-	2606							16	130	244	358
2607	-	2610							15	129	243	357
2611	-	2613							14	128	242	356
2614	-	2616							13	127	241	355
2617	-	2620							12	126	240	354
2621	-	2623							11	125	239	353
2624	-	2626							10	124	238	352
2627	-	2630							9	123	237	351
2631	-	2633							8	122	236	350
2634	-	2636							7	121	235	349
2637	-	2640							6	120	234	348
2641	-	2643							6	119	233	347
2644	-	2646							4	118	232	346
2647	-	2650							4	117	231	345
2651	-	2653							2	116	230	344
2654	-	2656							2	115	229	343
2657	-	2660								114	228	342
2661	-	2663								113	227	341
2664	-	2666								112	226	340
2667	-	2670								111	225	339
2671	-	2673								110	224	338
2674	-	2676								109	223	337
2677	-	2680								108	222	336



BASIS OF BENEFIT ISSUANCE  
OCTOBER 2005

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2681	-	2683								107	221	335
2684	-	2686								106	220	334
2687	-	2690								105	219	333
2691	-	2693								104	218	332
2694	-	2696								103	217	331
2697	-	2700*								102*	216	330
2701	-	2703								101	215	329
2704	-	2706								100	214	328
2707	-	2710								99	213	327
2711	-	2713								98	212	326
2714	-	2716								97	211	325
2717	-	2720								96	210	324
2721	-	2723								95	209	323
2724	-	2726								94	208	322
2727	-	2730								93	207	321
2731	-	2733								92	206	320
2734	-	2736								91	205	319
2737	-	2740								90	204	318
2741	-	2743								89	203	317
2744	-	2746								88	202	316
2747	-	2750								87	201	315
2751	-	2753								86	200	314
2754	-	2756								85	199	313
2757	-	2760								84	198	312
2761	-	2763								83	197	311
2764	-	2766								82	196	310
2767	-	2770								81	195	309
2771	-	2773								80	194	308
2774	-	2776								79	193	307
2777	-	2780								78	192	306
2781	-	2783								77	191	305
2784	-	2786								76	190	304
2787	-	2790								75	189	303
2791	-	2793								74	188	302
2794	-	2796								73	187	301

\*Net Income Limit

\$2,700



BASIS OF BENEFIT ISSUANCE  
OCTOBER 2005

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2797	-	2800								72	186	300
2801	-	2803								71	185	299
2804	-	2806								70	184	298
2807	-	2810								69	183	297
2811	-	2813								68	182	296
2814	-	2816								67	181	295
2817	-	2820								66	180	294
2821	-	2823								65	179	293
2824	-	2826								64	178	292
2827	-	2830								63	177	291
2831	-	2833								62	176	290
2834	-	2836								61	175	289
2837	-	2840								60	174	288
2841	-	2843								59	173	287
2844	-	2846								58	172	286
2847	-	2850								57	171	285
2851	-	2853								56	170	284
2854	-	2856								55	169	283
2857	-	2860								54	168	282
2861	-	2863								53	167	281
2864	-	2866								52	166	280
2867	-	2870								51	165	279
2871	-	2873								50	164	278
2874	-	2876								49	163	277
2877	-	2880								48	162	276
2881	-	2883								47	161	275
2884	-	2886								46	160	274
2887	-	2890								45	159	273
2891	-	2893								44	158	272
2894	-	2896								43	157	271
2897	-	2900								42	156	270
2901	-	2903								41	155	269
2904	-	2906								40	154	268
2907	-	2910								39	153	267
2911	-	2913								38	152	266











## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3147	-	3150									81	195
3151	-	3153									80	194
3154	-	3156									79	193
3157	-	3160									78	192
3161	-	3163									77	191
3164	-	3166									76	190
3167	-	3170									75	189
3171	-	3173									74	188
3174	-	3176									73	187
3177	-	3180									72	186
3181	-	3183									71	185
3184	-	3186									70	184
3187	-	3190									69	183
3191	-	3193									68	182
3194	-	3196									67	181
3197	-	3200									66	180
3201	-	3203									65	179
3204	-	3206									64	178
3207	-	3210									63	177
3211	-	3213									62	176
3214	-	3216									61	175
3217	-	3220									60	174
3221	-	3223									59	173
3224	-	3226									58	172
3227	-	3230									57	171
3231	-	3233									56	170
3234	-	3236									55	169
3237	-	3240									54	168
3241	-	3243									53	167
3244	-	3246*									52	166*
3247	-	3250									51	165
3251	-	3253									50	164
3254	-	3256									49	163
3257	-	3260									48	162
3261	-	3263									47	161
*Net Income Limit												\$3,244







## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

[illegible]











## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

[illegible]



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PART XXIV

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Commonwealth of Virginia  
Department of Social Services  
**APPLICATION FOR BENEFITS**

**GENERAL INFORMATION**

With this application, you can apply for one or more of the following assistance programs. Refer to the fold-out page for instructions.

- Food Stamps
- Temporary Assistance for Needy Families (TANF)
- Medicaid/Children's Health Insurance/FAMIS
- General Relief
- Emergency Assistance
- State and Local Hospitalization
- Auxiliary Grants
- Refugee Cash and Medical Assistance

Individuals who have a disability or who have difficulty with English may receive extra help to make sure they get assistance or services they are eligible to receive.

**VERIFICATION AND USE OF INFORMATION**

The information that you give may be matched against Federal, State and local records including the Virginia Employment Commission and the Department of Motor Vehicles to determine if it is correct, accurate, and truthful. In addition, your Social Security Number (SSN) will be used to verify your identity, prevent receipt of benefits from more than one social service agency at the same time, and make required program changes.

The **INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)** will also be used to verify information. This system uses your SSN to verify wages and salary, unemployment benefits, and unearned income by using records from the Internal Revenue Service and the Social Security Administration. The State Verification Exchange System (SVES) uses your SSN to verify your receipt of social security and Supplemental Security Income (SSI) benefits. It is also used to verify quarters of coverage under Social Security, if you are an alien. In addition, the Immigration and Naturalization Service (INS) will be used to verify the status of aliens. Any difference between the information you give and these records will be investigated. Information from these records may affect your eligibility and benefit amount. If a food stamp claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

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**SPECIAL INFORMATION FOR FOOD STAMP APPLICANTS**

You can apply for Food Stamps by leaving a completed Application for Benefits at the agency or by leaving a partially completed Application with at least your name, address, and signature, or by tearing off and leaving this half-sheet with your name, address, and signature. **You must complete the rest of this Application before your eligibility can be determined.**

You must also be interviewed. Under certain hardships, you can be interviewed by telephone. You may turn in your application before you are interviewed. This is important because if you are eligible for the month in which you apply, your food stamp amount will be based on the date you actually turn in your application.

**EXPEDITED SERVICE FOR FOOD STAMPS**

Your household may qualify for Expedited Service and receive food stamps within 7 days if you are eligible and if your gross monthly income is less than \$150 and liquid resources are \$100 or less; or your monthly shelter bills are higher than your household's gross monthly income plus your liquid resources; or your household is a migrant or seasonal farm worker household with little or no income and resources. **GIVE THE INFORMATION BELOW, SO YOUR ELIGIBILITY FOR EXPEDITED SERVICE CAN BE DETERMINED.**

Total money expected this month before deductions	\$ _____
Total cash, money in checking/savings accounts, CDs	\$ _____
Total rent or mortgage for this month	\$ _____
Total utility expenses for this month	\$ _____
Do no count amounts due for previous months. Count only the basic telephone service cost.	
Is anyone in your household a migrant or seasonal farm worker	YES ( ) NO ( )

NAME	DATE OF BIRTH
ADDRESS	SOCIAL SECURITY NUMBER
	TELEPHONE
SIGNATURE	DATE



AGENCY USE ONLY		
CASE NAME		
CASE NUMBER		
LOCALITY	WORKER	DATE
EXPEDITED SERVICE DETERMINATION		
Income less than \$150 and Resources \$100 or less	YES ( ) NO ( )	
Income plus resources less than shelter bills	YES ( ) NO ( )	
For migrants or seasonal farm workers:		
Resources \$100 or less, and in next 10 days \$25 or less is expected from new income:		
OR		
Resources \$100 or less, and no income is expected from a terminated source for the rest of this month or next month.	YES ( ) NO ( )	
EXPEDITE IF <u>YES</u> TO ANY OF THE ABOVE.		

## COMPLETE AND ACCURATE INFORMATION

You must give complete, accurate, and truthful information. If you refuse to give needed information, your eligibility for assistance may not be able to be determined. Information regarding your race is not required. However, if you decided not to give this information, your worker will complete that section. If you knowingly give false, incorrect or incomplete information, or fail to report changes, you could lose your benefits and be arrested, prosecuted, fined and/or imprisoned. If you knowingly give false, incorrect, or incomplete information in order to help someone else receive benefits, you could be arrested and prosecuted for fraud.

### VIRGINIA SOCIAL SERVICES BENEFIT PROGRAMS BOOKLET

This booklet contains information about the programs available at your local social services agency plus other very important information you should know, including your responsibilities. READ THIS BOOKLET CAREFULLY. Refer to the APPEALS Section if you have a complaint about an action taken on your case.

### COMPLETING THE APPLICATION

If you need help completing this Application, a friend or relative or your eligibility worker can help you. If you are completing this application for someone else, answer each question as if you were that person. If you need to change an answer or make a correction, write the correct information nearby and put your initials and date next to the change. If more than 8 people are living in your home and you need more space to list everyone, tell the agency you need extra pages. If you want Medicaid and you are under 18 years of age, your parent or legal guardian must sign the application.

### FILING THE APPLICATION

You may turn in a partially completed Application which contains at least your name, address, and signature (or the signature of your authorized representative), but you must complete the rest of this Application before your eligibility can be determined. For some programs, you must also be interviewed, but you may turn in your Application before your interview. You may turn in your Application any time during office hours the same day as you contact your local agency. You have the right to turn in your Application even if it looks like you may not be eligible for benefits.

### YOUR FOOD STAMP RIGHTS

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs and disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.



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**VIRGINIA DEPARTMENT  
OF SOCIAL SERVICES  
APPLICATION FOR BENEFITS**

AGENCY USE ONLY			
CASE NAME	CASE NUMBER	PROGRAM	WORKER CASELOAD
DATE OF SERVICE REFERRAL	DATE OF INTERVIEW	LOCALITY	DATE REC'D.

1. I am requesting: ( ) Food Stamps ( ) TANF ( ) Medicaid/Children's Health Insurance/FAMIS ( ) Other Financial or Medical Assistance  
( ) I understand that an application for TANF is also an application for Food Stamps and I do not wish to apply for Food Stamps.

APPLICANT'S NAME	SOCIAL SECURITY NUMBER	PHONE NUMBER (HOME/MESSAGES) (WORK)
RESIDENCE ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)	DIRECTIONS TO HOME	
MAILING ADDRESS (IF DIFFERENT)		

LANGUAGE (Enter Code) \_\_\_\_\_  
 1 - English 2 - Spanish 3 - Cambodian 4 - Vietnamese 5 - Farsi 6 - Haitian-Creole 7 - Laotian 8 - Chinese 9 - Korean A - Somali B - Kurdish C - Arabic  
 F - French G - German J - Japanese O - Other

YES ( ) NO ( ) A. Does anyone have an emergency medical need? If YES, give name and explain \_\_\_\_\_  
 YES ( ) NO ( ) B. Is the applicant living in an Assisted Living Facility, an Adult Family Care Home, a Nursing Facility, or other institution?  
 If YES, Date Applicant Entered \_\_\_\_\_  
 If outside Virginia, was placement made by a government agency? YES ( ) NO ( )  
 YES ( ) NO ( ) C. ANSWER THIS QUESTION IF APPLYING FOR MEDICAID, GENERAL RELIEF OR AUXILIARY GRANTS: Does this applicant have a spouse who does not live in the home?  
 If YES, Spouse's Name \_\_\_\_\_ Spouse's Address \_\_\_\_\_

2. YES ( ) NO ( ) Have you or anyone for whom you are applying ever applied for, or received, or are currently receiving any benefits from a social services agency, including Food Stamps, AFDC, TANF, Medicaid, General Relief, Auxiliary Grants, Foster Care, Adoption Assistance, or Refugee Cash Assistance?

APPLICANT'S NAME	SOCIAL SECURITY NUMBER	TYPE OF BENEFITS RECEIVED
WHEN	FROM WHAT COUNTY OR CITY OR STATE	

3. YES ( ) NO ( ) Have you or anyone for whom you are applying ever been convicted of making false or misleading statements about your identity or address to receive TANF, Food Stamps, or Medicaid in two or more states at the same time? If YES, give date and place of conviction \_\_\_\_\_  
 4. YES ( ) NO ( ) Are you or anyone for whom you are applying in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony?  
 If YES, explain \_\_\_\_\_  
 5. YES ( ) NO ( ) Have you or anyone for whom you are applying been convicted of a felony for actions that occurred after August 22, 1996, for possession, use or distribution of drugs? If YES, explain \_\_\_\_\_  
 6. YES ( ) NO ( ) Is there anything that you would like to talk about with a service worker? This could include concerns about your children, school problems, day care needs, family planning, referrals to other community organizations, or other problems or concerns. If YES, explain \_\_\_\_\_

032-03-824/17 (5/04)



## INSTRUCTIONS

Page 1a

1. Do not write in the shaded areas. These areas are for agency use only.
2. Unfold this page. Use this folded page to complete **SECTION A: GENERAL INFORMATION**. Answer the questions in **SECTION A** for everyone who lives in your home, even if you are not applying for that person. You may leave questions about citizenship, immigration and Social Security Number blank for anyone for whom you are NOT requesting assistance.
3. Answer the questions in **SECTION B: RESOURCES**, unless you are applying for TANF or Children's Health Insurance /FAMIS, for everyone for whom you are applying. In addition, if applying for **TANF or Medicaid** also provide resource information for the following persons:  
**Medicaid:**  
Spouse and children under age 21 who live with a person for whom you are applying.  
Parents who live with a child under age 21.  
Spouse of a person in a nursing facility, state hospital, or community-based care. Provide the spouse's shelter bills to your worker.
4. Answer the questions in **SECTION C: INCOME** for everyone for whom you are applying. In addition, if applying for **TANF or Medicaid or Children's Health Insurance or FAMIS** also provide income information for the following persons:  
**TANF:**  
Children age 18 or under, even if you are not applying for that child.  
Stepparent of the children for whom you are applying.  
**Medicaid:**  
Spouse and children under age 21 who live with a person for whom you are applying.  
Spouse of a person in a nursing facility, state hospital, or community-based care. Provide the spouse's shelter bills to your worker.  
**Children's Health Insurance/FAMIS** Parents and stepparents who live with a child under age 21.
5. After completing Sections A, B, and C, answer the questions in the sections indicated below, depending on the type of assistance you are requesting.  

<b>Food Stamps</b>	<b>Section D</b> pp. 8-9
<b>TANF/Medicaid</b>	<b>Section E</b> p. 10
<b>Refugee Cash and Medical Assistance</b>	<b>Section E</b> p. 10 <b>only</b> for children age 18 and under
<b>Children's Health Insurance/FAMIS</b>	<b>Section F</b> p. 11
<b>Medicaid/Auxiliary Grants/General Relief</b>	<b>Section G</b> p. 11
<b>General Relief</b>	<b>Section E</b> p. 10 <b>only</b> for children under age 18 <b>Sections I &amp; J</b> p. 12
<b>State and Local Hospitalization</b>	<b>Section H</b> p. 12
<b>Emergency Assistance</b>	<b>Section J</b> p. 12
<b>Auxiliary Grants</b>	<b>Section K</b> p. 12
6. Read **YOUR RESPONSIBILITIES** on page 13.
7. Read and complete **VOTER REGISTRATION** on page 13 of this application.
8. Read and complete the last page of this application. Be sure to sign and date the application.



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**A. GENERAL INFORMATION (ALL APPLICANTS MUST COMPLETE THIS SECTION)**

Page 1b

1. EVERYONE IN YOUR HOME LIST EVERYONE LIVING IN YOUR HOME, even if you are not applying for assistance for that person. LIST YOURSELF ON LINE #1.  Check (✓) YES ( ) NO ( ) Do you expect any change in who lives in your home, either this month or next month? If YES, explain:  _____ _____ _____ LAST NAME, FIRST, MI, AND MADDEN (DO NOT make any entry in the ID# space)		2. TEMPORARILY AWAY FROM HOME Is this person temporarily away from home?  Check (✓) YES or NO  If YES, give the date the person left and expected return date. If more than 60 days, give the reason for the absence.  _____ _____ _____	3. RELATIONSHIP TO PERSON ON LINE #1 Give the relationship of each person to the person listed on Line #1.  _____ _____ _____	4. TYPE OF ASSISTANCE REQUESTED (Check (✓) type of assistance requested for each person. If no assistance is requested, check NONE for that person.)									
ID#	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____			FOOD STAMPS	TANF	MEDICAID/CHILDREN'S HEALTH INSURANCE/FAMIS	GENERAL RELIEF	EMERGENCY ASSISTANCE	STATE & LOCAL HOSPITALIZATION	AUXILIARY GRANTS	REFUGEE CASH ASSISTANCE	REFUGEE MEDICAL ASSISTANCE	NONE
1	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												
2	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												
3	YES ( ) NO ( ) Date Left _____ Expected = Return Date _____ Reason _____												
4	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												
1	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												
6	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												
7	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												
8	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												

Determine reason person is away.  
Determine if any parents or spouses live in the home.  
Determine if person under 18 are under parental control.  
Determine if anyone is a payee for anyone else

Determine living arrangement, such as subsidized housing for elderly, hospital, incarceration, etc.  
If person is in ALF nursing facility, state hospital, or CBC, determine if a spouse, dependent, child, or dependent relative is in the home.  
Determine living arrangement of the minor parent.



USE THE FOLDDOUT TO COMPLETE THIS SECTION

5. U.S. CITIZEN Check (✓) YES or NO	6. ANSWER ONLY IF AN ALIEN Give the Alien Number and Date of Entry for anyone for whom you are requesting assistance. If YES, do not answer Question 6. You may leave this blank for anyone not in the assistance request.	7. PLACE OF BIRTH Give the State if born in the U.S. or the Country if born outside of the U.S.	9a. RACE (not required) Give the code from the list at the bottom of the page to show Race.	9b. ETHNICITY (not required) Give the code to show ethnicity. 1 - Hispanic or Latino 2 - Not Hispanic or Latino	10. SEX Give the code to show Sex. M - Male F - Female	11. SOCIAL SECURITY NUMBER Give the number for anyone for whom you are requesting assistance.	12. MARITAL STATUS Give the code to show Marital status. 1 - Married 2 - Never Married 3 - Divorced 4 - Widowed 5 - Separated	13. VETERAN OR DEPENDENT OF A VETERAN Check (✓) YES or NO
YES ( ) NO ( )	Alien Number Date of Entry	Place of Birth Date of Birth						YES ( ) NO ( )
YES ( ) NO ( )	Alien Number Date of Entry	Place of Birth Date of Birth						YES ( ) NO ( )
YES ( ) NO ( )	Alien Number Date of Entry	Place of Birth Date of Birth						YES ( ) NO ( )
YES ( ) NO ( )	Alien Number Date of Entry	Place of Birth Date of Birth						YES ( ) NO ( )
YES ( ) NO ( )	Alien Number Date of Entry	Place of Birth Date of Birth						YES ( ) NO ( )
YES ( ) NO ( )	Alien Number Date of Entry	Place of Birth Date of Birth						YES ( ) NO ( )
YES ( ) NO ( )	Alien Number Date of Entry	Place of Birth Date of Birth						YES ( ) NO ( )
YES ( ) NO ( )	Alien Number Date of Entry	Place of Birth Date of Birth						YES ( ) NO ( )

**Race Code List:**

1 - White    2 - Black/African-American    3 - American Indian/Alaskan Native    4 - Asian    5 - Native Hawaiian/Other Pacific Islander    6 - American Indian/Alaskan Native and White    7 - Asian and White

8 - Black/African-American and White    9 - American Indian/Alaskan Native and Black/African-American    A - Asian and Black    B - Other

For Aliens, photocopy INS document. Inquire if requesting emergency care. Determine if sponsored. Obtain sponsor's name address, income, and resources.

For Asylees, verify date asylum was granted.

For Veterans, make referral to V.A.

For Medical Expenses, determine retroactive Medicaid entitlement.



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USE THE FOLDOUT TO COMPLETE THIS SECTION

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14. MEDICAL EXPENSES DURING THE 3 MONTHS BEFORE THIS MONTH.  Check (✓) YES or NO If YES, give the Date of the Expense	15. EDUCATION  Give the Last Grade Completed in school.  Check (✓) YES or NO Is the person a High School (HS) or GED graduate?  Check (✓) YES or NO Is the person Currently Enrolled in school? If YES, give the school name and use one of the codes to show enrollment.  FT - Enrolled full time HT - Enrolled half time LT - Enrolled less than half time	SCHOOL NAME	ENROLLMENT CODE	16. DISABILITY/ PREGNANT STATUS  Give the code to show Disability/Pregnant Status  ND - Not disabled DS - Disabled BL - Blind CD - Needed to care for disabled person PG - Pregnant	17. ANSWER ONLY IF DISABLED  A. Check (✓) if the disability reduces or prevents the ability to work or to obtain work. B. Check (✓) if the disability reduces or prevents the ability to care for a child in the home. C. Check (✓) if the disability requires someone to be in the home to provide care.	18. ANSWER ONLY IF PREGNANT AND APPLYING FOR MEDICAID  Give the Conception month and year and the Expected Delivery Date, and the number of Unborn Children.
YES ( ) NO ( ) Date	A. Last Grade Completed: _____ B. ( ) YES ( ) NO HS or GED Graduate C. ( ) YES ( ) NO Currently Enrolled				A. ( ) Ability to work is reduced B. ( ) Ability to care for child is reduced C. ( ) Someone is needed in the home	Conception Delivery # Unborn
YES ( ) NO ( ) Date	A. Last Grade Completed: _____ B. ( ) YES ( ) NO HS or GED Graduate C. ( ) YES ( ) NO Currently Enrolled				A. ( ) Ability to work is reduced B. ( ) Ability to care for child is reduced C. ( ) Someone is needed in the home	Conception Delivery # Unborn
YES ( ) NO ( ) Date	A. Last Grade Completed: _____ B. ( ) YES ( ) NO HS or GED Graduate C. ( ) YES ( ) NO Currently Enrolled				A. ( ) Ability to work is reduced B. ( ) Ability to care for child is reduced C. ( ) Someone is needed in the home	Conception Delivery # Unborn
YES ( ) NO ( ) Date	A. Last Grade Completed: _____ B. ( ) YES ( ) NO HS or GED Graduate C. ( ) YES ( ) NO Currently Enrolled				A. ( ) Ability to work is reduced B. ( ) Ability to care for child is reduced C. ( ) Someone is needed in the home	Conception Delivery # Unborn
YES ( ) NO ( ) Date	A. Last Grade Completed: _____ B. ( ) YES ( ) NO HS or GED Graduate C. ( ) YES ( ) NO Currently Enrolled				A. ( ) Ability to work is reduced B. ( ) Ability to care for child is reduced C. ( ) Someone is needed in the home	Conception Delivery # Unborn
YES ( ) NO ( ) Date	A. Last Grade Completed: _____ B. ( ) YES ( ) NO HS or GED Graduate C. ( ) YES ( ) NO Currently Enrolled				A. ( ) Ability to work is reduced B. ( ) Ability to care for child is reduced C. ( ) Someone is needed in the home	Conception Delivery # Unborn
YES ( ) NO ( ) Date	A. Last Grade Completed: _____ B. ( ) YES ( ) NO HS or GED Graduate C. ( ) YES ( ) NO Currently Enrolled				A. ( ) Ability to work is reduced B. ( ) Ability to care for child is reduced C. ( ) Someone is needed in the home	Conception Delivery # Unborn



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## B. RESOURCES

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Do not complete this section if you are applying only for TANF, Children's Health Insurance, FAMS, or Medicaid for parents of dependent children. For all other programs, answer the resource questions for everyone for whom you are applying. If applying for Medicaid for aged, blind, or disabled adults or medically needy children, also provide resource information for the additional persons indicated on the INSTRUCTIONS page. Include any resources anyone owns, is currently buying, or is heir to. Include any resources jointly owned with someone else, even if that person does not live with you. List the names of all joint owners. After each joint owner's name, list the percentage (%) of the resource owned by that person. TALK TO YOUR ELIGIBILITY WORKER IF YOU NEED HELP ANSWERING THESE QUESTIONS, INCLUDING THE PERCENTAGE OWNED.

YES ( ) NO ( ) 1. Cash on hand and not in a bank? If YES, list owner(s) \_\_\_\_\_ Amount \_\_\_\_\_  
YES ( ) NO ( ) 2. Checking account, savings or investment account, credit union account, Christmas Club account, CDs or money market account, individual development account, patient funds for people in a nursing facility or Assisted Living Facility, or special welfare fund account? List all accounts, even if there is no money in the account. If YES to savings or investment account, has the savings account been set up to pay for school expenses, to make a down payment on a house, or to start a business? Check (✓) YES ( ) NO ( ) If the savings account is to pay for school expenses, list the person(s) whose expenses will be paid \_\_\_\_\_ If the savings or investment account is for another purpose, explain \_\_\_\_\_

OWNER(S)	TYPE OF ACCOUNT	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	AMOUNT	DATE ACQUIRED
OWNER(S)	ACCOUNT #	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	\$ AMOUNT	DATE ACQUIRED
OWNER(S)	ACCOUNT #	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	\$ AMOUNT	DATE ACQUIRED

YES ( ) NO ( ) 3. Stocks or bonds, trust funds, pension plans, retirement accounts, promissory notes, or deeds of trust?	WHERE	AMOUNT	DATE ACQUIRED
OWNER(S)	TYPE OF ACCOUNT	\$ AMOUNT	DATE ACQUIRED
OWNER(S)	ACCOUNT #	\$ AMOUNT	DATE ACQUIRED

YES ( ) NO ( ) 4. Has anyone sold, transferred, or given away any resources in the last 3 months if applying for Food Stamps? In the last 2 years, if applying for General Relief? Any resources or income in the last 5 years if applying for Medicaid?	EXPLAIN REASON FOR TRANSFER
PROPERTY TRANSFERRED	VALUE AT TRANSFER \$ AMOUNT RECEIVED
FROM WHOM	DATE ACQUIRED
TO WHOM	DATE TRANSFERRED

Answer the questions below this point (5-12B) only if this is an application for Medicaid, General Relief, Emergency Assistance, State and Local Hospitalization, Auxiliary Grants, or Refugee Medical Assistance.

YES ( ) NO ( ) 5. Burial plots, burial arrangement or trust funds for burial?	WHERE	VALUE	DATE ACQUIRED
OWNER(S)	NUMBER OF PLOTS, TYPE OF ARRANGEMENT	\$ AMOUNT OWED	DATE ACQUIRED
OWNER(S)	NUMBER OF PLOTS, TYPE OF ARRANGEMENT	\$ AMOUNT OWED	DATE ACQUIRED
OWNER(S)	NUMBER OF PLOTS, TYPE OF ARRANGEMENT	\$ AMOUNT OWED	DATE ACQUIRED
YES ( ) NO ( ) 6. Personal property, such as campers/trailers, non-motorized boats, utility trailers, tools, equipment, supplies, or livestock?	YES ( ) NO ( ) Is this property necessary to your business or trade, including farming?	VALUE	DATE ACQUIRED
OWNER(S)	TYPE	\$ AMOUNT OWED	DATE ACQUIRED



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YES ( ) NO ( ) 7. Real property, including life estates, land, buildings, or mobile homes? If YES, do you live there? Check (✓) YES ( ) NO ( )		DATE ACQUIRED
OWNERS(S) TYPE (INCLUDE NUMBER OF ACRES)		VALUE \$ AMOUNT OWED \$

YES ( ) NO ( ) 8. Licensed or unlicensed vehicles, such as cars, trucks, vans, motorboats, motor homes, mobile homes, recreational vehicles, or motorcycles/mopeds?				DATE ACQUIRED	
OWNERS	TYPE OF VEHICLE: YEAR-MAKE-MODEL	CURRENTLY LICENSED? YES ( ) NO ( )	LICENSE #	VALUE \$ AMOUNT OWED \$	EXPLAIN HOW VEHICLE IS USED
	VEHICLE ID#				
OWNERS	TYPE OF VEHICLE: YEAR-MAKE-MODEL	CURRENTLY LICENSED? YES ( ) NO ( )	LICENSE #	VALUE \$ AMOUNT OWED \$	EXPLAIN HOW VEHICLE IS USED
	VEHICLE ID#				

YES ( ) NO ( ) 9. Health insurance?				PERSON(S) INSURED
POLICY HOLDER	COMPANY NAME, ADDRESS, PHONE	BEGIN DATE	ID NUMBER	TYPE OF COVERAGE
		END DATE	PREMIUM AMOUNT \$	
POLICY HOLDER	COMPANY NAME, ADDRESS, PHONE	BEGIN DATE	ID NUMBER	TYPE OF COVERAGE
		END DATE	PREMIUM AMOUNT \$	

YES ( ) NO ( ) 10. Medicare?				PAYMENT METHOD
PERSON INSURED	CLAIM NUMBER	CHECK (✓) ( ) PART A ( ) PART B	BEGIN DATE	PREMIUM
		CHECK (✓) ( ) PART A ( ) PART B	BEGIN DATE	
PERSON INSURED	CLAIM NUMBER		BEGIN DATE	PAYMENT METHOD
			END DATE	

YES ( ) NO ( ) 11. Life insurance policies?					
OWNERS(S)	PERSON(S) INSURED	COMPANY NAME, ADDRESS, PHONE	TYPE OF POLICY	POLICY NUMBER	FACE VALUE \$ CASH VALUE \$
OWNERS(S)	PERSON(S) INSURED	COMPANY NAME, ADDRESS, PHONE	TYPE OF POLICY	POLICY NUMBER	FACE VALUE \$ CASH VALUE \$

YES ( ) NO ( ) 12A. Does anyone expect to receive any money because of a legal suit involving personal injury or property damage? If YES, explain.  
YES ( ) NO ( ) 12B. Does anyone expect a change in resources this month or next month? If YES, explain and give date change is expected.

EXPLAIN

--	--	--	--	--	--



### C. INCOME (ALL APPLICANTS MUST COMPLETE THIS SECTION)

Answer the income questions for everyone for whom you are applying. If applying for TANF or Medicaid, also provide income information for the additional persons indicated on the INSTRUCTIONS page. And for TANF and Medicaid/Children's Health Insurance/FAMIS for children, also provide income information for the child's parent or stepparent living in the home, or any person living with the parent as husband or wife. If the parent is a minor under age 18 (for TANF) or under age 21 (for Medicaid), also provide income information for the parent of the minor parent.

1. Does anyone receive any of the following types of money from working? Check (✓) YES or NO for each type. If YES, give the information requested.

PERSON RECEIVING MONEY FROM WORKING	EMPLOYER'S NAME, ADDRESS, PHONE NUMBER	EMPLOYMENT BEGIN DATE	HOURS WORKED PER MONTH	RATE OF PAY	HOW OFTEN PAID	DAY OF THE WEEK PAID	GROSS MONTHLY PAY BEFORE DEDUCTIONS
YES ( ) NO ( ) Wages/salary	YES ( ) NO ( ) Vacation Pay	YES ( ) NO ( ) Earned sick pay	YES ( ) NO ( ) Farming/fishing	YES ( ) NO ( ) Other self employment			
YES ( ) NO ( ) Contract income	YES ( ) NO ( ) Babysitting/day care	YES ( ) NO ( ) Domestic work	YES ( ) NO ( ) Odd jobs	YES ( ) NO ( ) Any other money from working			
YES ( ) NO ( ) Commissions, bonuses, tips							
				\$ PER			\$
				\$ PER			\$
				\$ PER			\$

2. Does anyone receive any other type of money? Check (✓) YES OR NO for each type. If YES, give the information requested.

PERSON RECEIVING MONEY	TYPE OF MONEY RECEIVED	HOW OFTEN RECEIVED	WHEN RECEIVED	GROSS MONTHLY AMOUNT BEFORE DEDUCTIONS
YES ( ) NO ( ) Social Security	YES ( ) NO ( ) Child support, alimony	YES ( ) NO ( ) Cash gifts or contributions	YES ( ) NO ( ) Loans	
YES ( ) NO ( ) SSI	YES ( ) NO ( ) Military Allowment	YES ( ) NO ( ) Public Assistance	YES ( ) NO ( ) Training allowances including WIA	
YES ( ) NO ( ) VA benefits	YES ( ) NO ( ) Unemployment benefits	YES ( ) NO ( ) Room/board income	YES ( ) NO ( ) Inheritance	
YES ( ) NO ( ) Black Lung benefits	YES ( ) NO ( ) Worker compensation	YES ( ) NO ( ) Rental Income	YES ( ) NO ( ) All food, clothing, utilities, or rent	
YES ( ) NO ( ) Railroad retirement	YES ( ) NO ( ) Strike benefits	YES ( ) NO ( ) Prize winnings	YES ( ) NO ( ) Any other type of money	
YES ( ) NO ( ) Other retirement	YES ( ) NO ( ) Interest, dividends	YES ( ) NO ( ) Insurance settlement		
				\$
				\$
				\$

For Self Employment Income, determine expenses.  
For Day Care Income, determine whether child lives in the home, number of snacks or meals, expenses.  
For Roomer/Boarder Income, determine whether heat is provided, number of meals provided per day.  
For Rental Income, determine whether property is actively self-managed, expenses.  
For Earned Income, determine whether earnings include EITC advance payments.  
Inquire if SSI has been applied for.

For Food Stamps, investigate voluntary quit/work reduction.  
For TANF, determine the day care option.  
For Medicaid, determine income of spouse, dependent child, or dependent relative of person in nursing facility, state hospital, or CBC.



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YES ( ) NO ( ) 3. Has anyone been fired, laid off, gone on sick or maternity leave, gone on strike, quit a job or reduced hours worked in the last 60 days?

NAME OF PERSON	EMPLOYER'S NAME, ADDRESS PHONE	EMPLOYED FROM TO	HRS./WK. WORKED	RATE OF PAY	HOW OFTEN PAID	DATE LAST PAY RECEIVED	REASON FOR LEAVING, REDUCING HOURS
				\$ PER			

YES ( ) NO ( ) 4. Does anyone besides the people for whom you are applying pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? Or, does anyone totally supply food or clothing for you or someone else on a regular basis?

PERSON RECEIVING HELP	PERSON PROVIDING HELP	TYPE OF HELP RECEIVED	AMOUNT	DOES MONEY COME DIRECTLY TO YOU?	IS THIS A LOAN?	IS REPAYMENT EXPECTED
			\$ PER	YES ( ) NO ( )	YES ( ) NO ( )	YES ( ) NO ( )
			\$ PER	YES ( ) NO ( )	YES ( ) NO ( )	YES ( ) NO ( )

YES ( ) NO ( ) 5. Has anyone applied for or received student financial aid or work-study for a current school term at a college or university? Or, any school or training program beyond the high school level? Or, any school or training program for the physically or mentally disabled?

NAME OF PERSON	TYPE OF FINANCIAL AID	AMOUNT	PERIOD COVERED FROM TO	TUITION FEES	BOOKS/ SUPPLIES	TRANSPOR- TATION	DEPENDENT CARE	ROOM & BOARD	OTHER (specify)
		\$		\$	\$	\$	\$	\$	\$
		\$		\$	\$	\$	\$	\$	\$

YES ( ) NO ( ) 6. Does anyone expect any change in the type of money received, employment, or hours worked, either this month or next month?

If YES, explain and give date: \_\_\_\_\_

YES ( ) NO ( ) 7. Does anyone have a day care expense for a child, an elderly person, or an adult with a disability?

PERSON PAYING FOR CARE	PERSON RECEIVING CARE	CHECK (✓) IF DISABLED	PROVIDER'S NAME, ADDRESS, PHONE NUMBER	AMOUNT PAID
		( ) Disabled		\$ PER
		( ) Disabled		\$ PER

YES ( ) NO ( ) 8. Does anyone pay legally obligated child support to someone not in the household? If YES, person paying: \_\_\_\_\_

Person supported: \_\_\_\_\_

Amount paid and how often: \_\_\_\_\_

YES ( ) NO ( ) 9. ANSWER ONLY IF SOMEONE IS APPLYING FOR MEDICAID AND IS BLIND OR DISABLED: Does this person have a work related expense?

If YES, give amount and explain: \_\_\_\_\_



# D. FOOD STAMPS

1. List the name of the person who is the head of your household: \_\_\_\_\_

NOTE: Refer to the Benefit Programs Booklet for information about naming the Head of Household.

YES ( ) NO ( ) 2. Would you like to name an authorized representative who could apply for food stamps for you, access your food stamp account to buy food for you, or receive food stamp correspondence and notices for you? You may have only one representative who can access your benefits.

NAME, ADDRESS, PHONE NUMBER OF AUTHORIZED REPRESENTATIVE(S)		CHECK (✓) EACH DUTY AUTHORIZED FOR THAT PERSON	
1		( ) Apply for food stamps ( ) Receive food stamps	( ) Receive correspondence
2		( ) Apply for food stamps ( ) Receive food stamps	( ) Receive correspondence

An authorized representative must have written permission to apply for food stamps. This permission may be given in the space above or in a letter. Only the head of the household, the spouse, or any adult member of the household age 18 or older may give permission for a representative.

YES ( ) NO ( ) 3. Is anyone living in your home NOT included on your Food Stamp application?

If YES, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for Food Stamps is approved? Check (✓) YES ( ) NO ( ) IF YES, list names: \_\_\_\_\_

YES ( ) NO ( ) 4. Is anyone living in your home a roomer or a boarder? If YES, list names: \_\_\_\_\_

YES ( ) NO ( ) 5. Is anyone age 60 or older, OR approved to receive Medicaid because of a disability, OR receiving any type of disability check?

If YES, list all current medical expenses for these people, including Medicare premiums, other medical insurance premiums, medical and dental bills, psychotherapy, prescription drugs, eye glasses, dentures, hearing aids, transportation for medical services, nursing services, and any other medical bills. ALSO, indicate how you would like these medical expenses deducted in order to determine your food stamp benefits. TALK TO YOUR WORKER BEFORE ANSWERING METHOD OF DEDUCTION.

PERSON WITH EXPENSE	TYPE OF EXPENSE	AMOUNT	NAME, ADDRESS, PHONE NUMBER OF DOCTOR, HOSPITAL, PHARMACY	METHOD OF DEDUCTION
		\$		( ) Lump sum ( ) Monthly average ( ) Expected payment
		\$		( ) Lump sum ( ) Monthly average ( ) Expected payment
		\$		( ) Lump sum ( ) Monthly average ( ) Expected payment



**YES ( ) NO ( )** 6. Does anyone have any shelter expense for rent or mortgage, real estate tax, property tax on a mobile home, home owner's insurance, electricity, gas, kerosene, coal, oil, wood, water or sewer, telephone, or initial installation fee for utilities or telephone? If **YES**, answer question a, b, and c. Then, give the information requested in boxes.

- a. **YES ( ) NO ( )** Are any utilities included in your rent? If **Yes**, leave the boxes for those expenses blank.  
b. **YES ( ) NO ( )** Are taxes or insurance included in your mortgage payment? If **Yes**, leave those boxes blank.  
c. **YES ( ) NO ( )** Do you have an expense for telephone services? If **Yes**, does anyone living in your home but not included on your Food Stamp application help you pay your telephone bill? Check (✓) **YES ( )** or **NO ( )**

If **YES**, explain: \_\_\_\_\_

EXPENSE	Rent or Mortgage	Taxes	Insurance	Electricity	Gas	Kerosene	Coal	Oil	Wood	Water/Sewer	Garbage	Installation
AMOUNT BILLED	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
HOW OFTEN												
WHO PAYS BILL												

**YES ( ) NO ( )** 7. Does anyone have or expect to have an expense for heating or cooling the home? Or, has anyone received assistance from the Fuel Assistance Program during this past year?

If **YES**, check (✓) whether you would like your food stamp benefits determined using your actual utility expenses or a standard amount we use for these expenses. TALK TO YOUR WORKER BEFORE ANSWERING. **Actual Utility Expenses ( ) Utility Standard ( )**

If the **Utility Standard** is selected, does anyone living in your home but not included on your Food Stamp application help you pay your heating or cooling bill? Check (✓) **YES ( ) NO ( )** If **YES**, explain: \_\_\_\_\_

**YES ( ) NO ( )** 8. Are you staying temporarily in someone else's home, an emergency shelter, welfare hotel, other halfway house, or a place not usually used for sleeping? If temporarily staying in someone else's home, give the date you moved in: \_\_\_\_\_

If **YES**, check (✓) whether you would like your food stamp benefits determined using your actual shelter expenses or a standard amount we use for these expenses. TALK TO YOUR WORKER BEFORE ANSWERING. **Actual Shelter Expenses ( ) Homeless Shelter Allowance ( )**

**YES ( ) NO ( )** 9. Does anyone have a shelter expense for a home (rented or owned) that is temporarily not lived in because of employment or training away from home, illness, or a disaster?

REASON FOR NOT LIVING THERE	DOES PERSON INTEND TO RETURN?	TYPE AND AMOUNT OF SHELTER EXPENSES	IS SOMEONE ELSE LIVING THERE?	IF SOMEONE ELSE LIVES THERE, DOES THAT PERSON PAY RENT?
	YES ( ) NO ( )		YES ( ) NO ( )	YES ( ) NO ( )



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**E. FINANCIAL AND MEDICAL ASSISTANCE FOR FAMILIES WITH CHILDREN**

(ASK FOR AN EXTRA PAGE IF YOU NEED MORE SPACE)

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1. CHILD/PARENT INFORMATION		2. PARENT'S STATUS				3. REASONS FOR ABSENCE										4. FINANCIAL SUPPORT		5. PHYSICAL CARE	6. GUIDANCE	7. IMMUNIZATION
List each child for whom you are applying. Then, list the names of both parents.  YOU MUST IDENTIFY BOTH PARENTS IN ORDER TO RECEIVE TANF. IF YOU INTENTIONALLY MISIDENTIFY A PARENT, YOU SHALL BE PROSECUTED		Check if either PARENT is:				(Answer only if the answer to question 2 is "absent" and you are applying for Medicaid.) For each ABSENT PARENT, check reason for absence.										Does the ABSENT PARENT regularly provide monthly financial support? Check (✓) YES or NO If YES, give amount, and how often received		Does the ABSENT Parent regularly make sure the child eats, sleeps, bathes, dresses properly, and gets proper medical care?	Does the ABSENT PARENT regularly participate in the child's activities, attend school conferences, and share in decisions about discipline?	(Answer only if applying for TANF and the child is not in school.) Has the child received ALL of the immunizations required according to the child's age?
CHILD'S NAME		UNEMPLOYED	DISABLED	DEAD	ABSENT	PATERNITY NOT ESTABLISHED	DIVORCED OR MARRIAGE ANNULLED	INCAPACITATED	DESERTED	SEPARATED LIVING APART	SENTENCED BY COURT TO DO UNPAID WORK	DEPORTED	ARTIFICIAL INSEMINATION	SINGLE PARENT ADOPTION						
MOTHER															YES ( ) NO ( )		YES ( ) NO ( )	YES ( ) NO ( )	YES ( ) NO ( )	
FATHER															\$ PER		YES ( ) NO ( )	YES ( ) NO ( )		
CHILD'S NAME															\$ PER		YES ( ) NO ( )	YES ( ) NO ( )	YES ( ) NO ( )	
MOTHER															YES ( ) NO ( )		YES ( ) NO ( )	YES ( ) NO ( )	YES ( ) NO ( )	
FATHER															\$ PER		YES ( ) NO ( )	YES ( ) NO ( )		
CHILD'S NAME															\$ PER		YES ( ) NO ( )	YES ( ) NO ( )	YES ( ) NO ( )	
MOTHER															YES ( ) NO ( )		YES ( ) NO ( )	YES ( ) NO ( )	YES ( ) NO ( )	
FATHER															\$ PER		YES ( ) NO ( )	YES ( ) NO ( )		
CHILD'S NAME															\$ PER		YES ( ) NO ( )	YES ( ) NO ( )	YES ( ) NO ( )	
MOTHER															YES ( ) NO ( )		YES ( ) NO ( )	YES ( ) NO ( )	YES ( ) NO ( )	
FATHER															\$ PER		YES ( ) NO ( )	YES ( ) NO ( )		



# **F. CHILDREN'S HEALTH INSURANCE/FAMIS**

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**YES ( ) NO ( )** 1. Did any of the children listed above have health insurance in the past 4 months? If yes, (a) list name of child, type of insurance, such as doctor, hospital, drugs, dental, vision, etc., and the date the insurance ended; and (b) select the reason the insurance ended.

Child: \_\_\_\_\_ Type of insurance: \_\_\_\_\_

Date ended \_\_\_\_\_

Reason insurance ended:

- ( ) The parent or stepparent changed jobs or stopped employment and no other employer contributes to the cost of family coverage.
- ( ) The parent or stepparent's employer stopped contributing to the cost of family coverage and no other employer contributes to the cost of family coverage.
- ( ) Child uninsurable—insurance company discontinued coverage. (Provide proof that coverage stopped by insurance company)
- ( ) Cost exceeded 10% of monthly income (before taxes). (Provide proof of cost of monthly premium)
- ( ) Stopped/dropped by someone other than parent or stepparent.
- ( ) Stopped/dropped Cobra policy
- ( ) Other \_\_\_\_\_

**YES ( ) NO ( )** 2. Is any member of the family, including a stepparent who lives in the home, employed by a State or Local Government agency? If yes, list name of family member(s) and agency name: \_\_\_\_\_

**YES ( ) NO ( )** 3. Does the employer of any member of the family offer health insurance for family members? If yes, list the names of the children listed on this application who can get insurance through the employer? \_\_\_\_\_

## **G. AGED, BLIND OR DISABLED INDIVIDUALS**

**YES ( ) NO ( )** 1. Have you ever applied for Supplemental Security Income (SSI) or social security as a disabled person? If **YES**, date applied: \_\_\_\_\_  
Check one: ( ) No Decision Yet ( ) Application Approved ( ) Application Denied

**YES ( ) NO ( )** 2. If your application was denied, did you file an appeal of the denial? If yes, explain the action taken by the Social Security Administration (SSA) on the appeal request? \_\_\_\_\_

**YES ( ) NO ( )** 3. Has it been less than 12 months since your most recent application for social security or SSI disability benefits was denied? If yes, list the medical conditions that you asked SSA to evaluate. \_\_\_\_\_

**YES ( ) NO ( )** 4. Has your condition changed or worsened since your most recent application for social security or SSI disability benefits was denied. If yes, explain how your condition has changed or worsened. \_\_\_\_\_

**YES ( ) NO ( )** 5. Do you have a new condition that has occurred since your most recent application for social security or SSI disability benefits was denied? If yes, explain the new condition. \_\_\_\_\_

**YES ( ) NO ( )** 6. Did you receive an Auxiliary Grants check that has stopped? If yes, explain when and why the payments stopped. \_\_\_\_\_

**YES ( ) NO ( )** 7. Did you receive a SSI check that has stopped? If yes, explain when and why the payments stopped. \_\_\_\_\_



## H. STATE AND LOCAL HOSPITALIZATION

**YES ( ) NO ( )** Have you received or will you be receiving in-patient/out-patient hospitalization services, or ambulatory surgical services, or services through a health department clinic? If **YES**, please fill out the following:

PERSON RECEIVING SERVICES	NAME OF HOSPITAL OR CLINIC	IF SERVICE HAS ALREADY BEEN RECEIVED, GIVE THE DATES BELOW DATE ADMITTED: DATE DISCHARGED:
---------------------------	----------------------------	---

If you were hospitalized as the result of an accident, complete the following:

WHAT HAPPENED, WHERE, HOW	NAME, ADDRESS OR PERSON AT FAULT	IS A LIABILITY SUIT PLANNED OR IN PROGRESS? YES ( ) NO ( )
NAME, ADDRESS OF ALL INSURANCE COMPANIES INVOLVED	NAME, ADDRESS, PHONE NUMBER OF YOUR ATTORNEY	

## I. GENERAL RELIEF

**YES ( ) NO ( )** Does anyone have any responsibility for rent or utility bills (not telephone), even if someone else helps pays?

## J. GENERAL RELIEF/EMERGENCY ASSISTANCE

**YES ( ) NO ( )** Does anyone have any emergency food, rent, utility (not deposits), medical, clothing, transient or relocation expenses?

DESCRIPTION AND CAUSE OF EMERGENCY
------------------------------------

## K. AUXILIARY GRANTS

**YES ( ) NO ( )** 1. Do you own any household goods or personal effects which are worth more than \$500, such as silver, fine china, furs, artworks, expensive jewelry, or other expensive items?

DESCRIPTION AND VALUE OF ITEMS
--------------------------------

**YES ( ) NO ( )** 2. Do you owe or did you pay in the month or application any bills you had before you entered the assisted living facility or adult family care?

DESCRIPTION OF BILLS	DATES OF BILLS	DATES BILLS PAID
----------------------	----------------	------------------



## YOUR RESPONSIBILITIES (READ THIS SECTION CAREFULLY BEFORE SIGNING THIS APPLICATION)

Page 13

### CHANGES

You must report the following changes for the Medicaid Program within 10 days. You must report these changes for the Auxiliary Grants and General Relief Programs the day the change occurs or the first day that the agency is open after the change occurs. The following examples of changes may include some that do not have to be reported for every program. If you are not sure whether to report a particular change, please discuss the change with your worker.

- 1) Change of address and any changes in shelter costs due to the move
  - 2) Change in the persons in the household – person left, person born, etc.
  - 3) Change in source of income, getting a new job, stopping a job, other benefits, etc.
  - 4) Change in work hours from part-time to full-time or full-time to part-time
  - 5) Change in rate of pay per hour/day, etc.
  - 6) Change in the amount of monthly income received other than from a job.
  - 7) Change in resources
  - 8) Change in motor vehicles owned
  - 9) Change in marital status
  - 10) Person in home is no longer disabled
  - 11) Change in dependent care expenses
  - 12) Other changes that may affect eligibility for a program or the amount of assistance
- You must report the following changes for the Food Stamp and Temporary Assistance for Needy Families (TANF) Programs within 10 days, but no later than the 10<sup>th</sup> day of the month after the change occurs.
- 1) Change in household income that exceeds 130% of the Federal poverty level. See the Change Report for amounts.
  - 2) Change in address.

- 3) An eligible child has left the home.
- 4) Changes needed for VIEW (TANF work program).
- 5) Changes in work hours for some food stamp recipients.

### PENALTIES FOR FOOD STAMP VIOLATIONS

You must not give false information or hide information to get food stamps. You must not trade or sell EBT cards. You must not use food stamp benefits to buy non-food items, such as alcohol, tobacco or paper products. You must not use someone else's, EBT card for your household.

Anyone who intentionally breaks any of these rules could be barred from the Food Stamp Program for 12 months (1<sup>st</sup> violation), 24 months (2<sup>nd</sup> violation), or permanently (3<sup>rd</sup> violation), subject to \$250,000 fine, imprisoned up to 20 years, or both, and suspended for an additional 18 months and further prosecuted under other Federal and State laws.

Anyone who intentionally gives false information or hides information about identity or residence to get food stamps in more than one locality at the same time could be barred for 10 years.

Anyone court convicted of trading or selling food stamps of \$500.00 or more could be barred permanently.

Anyone court convicted of trading food stamps for a controlled substance could be barred for 24 months for the 1<sup>st</sup> violation, permanently for the 2<sup>nd</sup> violation.

Anyone court convicted of trading food stamps for firearms, ammunition, or explosives could be barred permanently for the first violation.

Anyone convicted of a drug-related felony for actions that occurred after August 22, 1996, could be barred permanently.

### PENALTIES FOR TANF VIOLATIONS

You must not knowingly give false information, hide information, or fail to report changes on time in order to receive TANF or to receive supportive or transitional services such as child care or assistance with transportation.

If you are found guilty of intentionally breaking these rules, you will be ineligible to receive TANF for yourself for 6 months (1<sup>st</sup> violation), 12 months (2<sup>nd</sup> violation), or permanently (3<sup>rd</sup> violation). In addition, you may be prosecuted under Federal or State law.

Anyone convicted of misrepresenting his or her residence to get TANF, Medicaid, Food Stamps or SSI in two or more states is ineligible for TANF for 10 years.

Anyone convicted of a drug-related felony for actions that occurred after August 22, 1996, could be barred permanently.

### INFORMATION ABOUT THE DIVISION OF CHILD SUPPORT ENFORCEMENT (DCSE)

In order to receive TANF, you are required to assign all of your rights to financial support paid to you and to everyone else for whom you are receiving TANF. You must give to DCSE any support payments you receive after you receive your first TANF check. By accepting the TANF check, you are agreeing to assign these rights.

## VOTER REGISTRATION

Check one of the following:

- ( ) I am not registered to vote where I currently live now, and would you like to register to vote here today. I certify that a voter registration application form was given to me to complete. (If you would like help filling out the voter registration application form, we will help you. The decision to accept help is yours. You also have the right to complete your voter registration application form in private.)
- ( ) I am registered to vote at my current address. (If already registered at your current address, you are not eligible to register to vote.)
- ( ) I do not want to apply to register to vote today.
- ( ) I do want to apply to register to vote, please send me a voter registration form.

Applying to register or declining to register to vote will not affect the assistance or services that you will be provided by this agency. A decision not to apply to register to vote will remain confidential. A decision to apply to register to vote and the office where your application was submitted will also remain confidential and may only be used for voter registration purposes. If you believe that someone has interfered with your right to register or to decline to register to vote, you right to privacy in deciding whether to register to vote, or your right in applying to register to vote, you may file a complaint with Secretary of the Virginia State Board of Elections, Ninth Street Office Building, 200 North Ninth Street, Richmond, VA 23219-3497, (804) 786-6551.

Agency Use Only: Face-to-face interview not required. A voter registration form was mailed.



**BY MY SIGNATURE BELOW, I DECLARE:**

- I understand all other information in the GENERAL INFORMATION and the YOUR RESPONSIBILITIES sections of this application.
- I understand that if I refuse to cooperate with any review of my eligibility including review by Quality Control, my benefits may be denied until I cooperate.
- I understand that if my application is for Food Stamps, failure to report or verify any of my expenses will be seen as a statement by my household that I do not want to receive a deduction for unreported expenses.
- I understand that Medicaid, FAMIS, and DMAS contractors may exchange information relating to my child(ren)'s coverage with local educational agencies, to assist with application, enrollment, administration, and billing for services provided to my child in schools. I understand that I can revoke the consent to disclose information at any time.
- I understand that to receive benefits from the Medicaid/Children's Health Insurance/FAMIS programs, I must agree to assign my rights and the rights of anyone for whom I am applying to medical support and other third-party payments to the Department of Medical Assistance Services. If I do not agree to assign my rights, I will be ineligible for Medicaid.
- I understand that all money I receive for diagnosis or treatment of any injury, disease, disability, or medical care support must be sent to the Third-Party Liability Section, Department of Medical Assistance Services, Suite 1300, 600 East Broad Street, Richmond, VA 23219.
- I understand that I have the right to file a complaint if I feel I have been discriminated against because of race, color, national origin, sex, age, disability, or religious or political beliefs.
- I understand that if I am applying for Medicaid/Children's Health Insurance/FAMIS for my children, I can apply for and receive services from the Division of Child Support Enforcement, but failure to apply for the services will not affect my child(ren)'s eligibility. If I am applying for Medicaid, failure to cooperate my cause my ineligibility for Medicaid.
- I understand that I have the right to appeal and have a fair hearing if I am: (1) not notified in writing of the decision regarding my application within specified time frames; (2) denied benefits from the programs for which I applied; or (3) dissatisfied with any other decision that affects my receipt of Medicaid/Children's Health Insurance. For FAMIS, there will be no opportunity for review of a negative action if the sole basis for the action is exhaustion of funding.
- I will report any changes in my situation within the time frames specified on page 13 to my local department of social services.
- I have given true and correct information on this application to the best of my knowledge and belief. I understand that if I give false information, withhold information, or fail to report a change promptly or on purpose, I may be breaking the law and could be prosecuted for perjury, larceny, and/or welfare fraud. I understand that if I help someone complete this form so as to get benefits he or she is not entitled to receive, I may be breaking the law and could be prosecuted.
- I understand that my signature on this application certifies, under penalty of perjury, that I am (unless applying for emergency services only) a U.S. Citizen or alien in lawful immigration status.
- I authorize the Department of Social Services and the Department of Medical Assistance Services to obtain any verification necessary to both determine and review financial or medical assistance eligibility. This authorization includes the release of any medical or psychological information obtained from any source to any state or local agency that may review this application and the release to the Department of Medical Assistance Services of any information in any medical records pertaining to any services received by me or anyone for whom I applied. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply to investigations regarding possible fraud.

I received the Benefit Programs Booklet YES ( ) NO ( ) MEDICAID APPLICANTS: I received the Medicaid Handbook YES ( ) NO ( )

TANF APPLICANTS: The diversionary assistance program was explained to me. YES ( ) NO ( )

The family cap provision was explained to me. YES ( ) NO ( )

I filled in this application myself. YES ( ) NO ( ) If NO, it was read back to me when completed. YES ( ) NO ( )

APPLICANT'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK		DATE	SPOUSE'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK (NOT NEEDED)		DATE
WITNESS TO MARK OR INTERPRETER		DATE	FOR FOOD STAMPS WORKER'S SIGNATURE		DATE
Complete the box below if this application was completed for the applicant by someone else.					
NAME OF PERSON COMPLETING APPLICATION		DATE	ADDRESS		
PHONE NUMBER (HOME)	(WORK)		RELATIONSHIP TO APPLICANT		



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APPLICATION FOR BENEFITS

FORM NUMBER - 032-03-824

PURPOSE OF FORM - To record a household's request for assistance and to provide information about the current situation needed to determine eligibility.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The application is to be completed by or on behalf of the applying household. The completed application may be mailed to the agency or completed at the agency prior to or during an interview. The completed application is to be filed in the eligibility case record. The application must be retained for a minimum of three years.

The application may be used to apply for benefits of other programs if assistance is requested within three months of the original filing date. The date of the application in this instance is the date of the secondary request.

INSTRUCTIONS FOR PREPARATION OF FORM - General instructions appear of the form for completion.

If changes need to be made after the application is completed, the applicant should write the revised information near the original entry. The applicant must initial and date the changes. Except for agency-use sections, eligibility workers may not add to or write on a completed application.

TRANSMITTAL #95-2



Commonwealth of Virginia  
Department of Social Services  
ELIGIBILITY REVIEW – PART A

CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKER	DATE RECEIVED
CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKER	DATE RECEIVED

This is a review to determine if you continue to be eligible for benefits. Please give correct and complete information on both Part A (this form) and Part B (Separate Form). IF YOU ARE REPORTING A NEW HOUSEHOLD MEMBER, COMPLETE THE INFORMATION ON THE BACK OF THIS PAGE FOR THE NEW MEMBER.

**A. HOUSEHOLD INFORMATION**

1. Give your name, address and phone number.

NAME	PHONE NUMBER (HOME)	PHONE NUMBER (WORK)
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)	DIRECTIONS TO HOME	
MAILING ADDRESS (IF DIFFERENT)		

2. List yourself on the first line. Then, list everyone else living in your home, **even if you are not applying for that person**. Include people temporarily away and check the "AWAY" block for them. Give the information requested for each person.

[illegible]

If you answer "YES" to any of the following questions, please explain below.

- YES ( ) NO ( ) 3. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony?
- YES ( ) NO ( ) 4. Has anyone been convicted of a felony that occurred after August 22, 1996, for possession, use, or distribution of drugs?
- YES ( ) NO ( ) 5. Has anyone now blind, totally incapacitated, too ill or injured to work, pregnant, or needed to care for an incapacitated person?
- YES ( ) NO ( ) 6. Have any of your children received any immunizations since approval of your original application or since your most recent review?
- YES ( ) NO ( ) 7. Have you or anyone for whom you are applying ever been convicted of making false or misleading statements about your address

or identify to receive TANF (AFDC), Food Stamps, or Medicaid in two or more areas at the same time?  
If YES, explain: \_\_\_\_\_



8. **NEW HOUSEHOLD MEMBER INFORMATION** – Give the following information for any new household member you are reporting for the first time. For **TANF** and **FOOD STAMPS**, also give this information for any new member you have verbally reported since your original application or since your most recent eligibility review.

NAME LAST NAME, FIRST, MI (MAIDEN)	PROGRAM(S) REQUESTED	RELATION- SHIP TO YOU	SOCIAL SECURITY NUMBER*	DATE OF BIRTH	** RACE HISPANIC YES NO	** SEX	MARITAL STATUS	CITIZEN- SHIP*	ALIEN REGISTRATION NUMBER*	LAST GRADE	CHECK (✓) IF IN SCHOOL YES NO	CHECK (✓) IF A VETERAN YES NO

\* -You may leave this blank for anyone not in the assistance request.

\*\* - Not required.

YES ( ) NO ( ) 9. Is anyone listed above blind, totally incapacitated, too ill or injured to work, pregnant, or needed to care for an incapacitated person? If YES, explain: \_\_\_\_\_

YES ( ) NO ( ) 10. Is anyone listed above in violation of parole or probation, or fleeing capture to avoid prosecution or punishment of a felony? If Yes, explain: \_\_\_\_\_

YES ( ) NO ( ) 11. Has anyone listed above been convicted of a felony that occurred after August 22, 1996, for possession, use, or distribution of drugs? If YES, explain: \_\_\_\_\_

YES ( ) NO ( ) 12. Has anyone listed above ever been convicted of making false or misleading statements about your address or identity to receive TANF (AFDC), Food Stamps, or Medicaid in two or more areas at the same time? If YES, give date and place of conviction: \_\_\_\_\_

YES ( ) NO ( ) 13. (DOES NOT APPLY TO FOOD STAMPS OR TANF) Does anyone listed above have any unpaid medical expenses during the last 3 months? \_\_\_\_\_

YES ( ) NO ( ) 14. (DOES NOT APPLY TO FOOD STAMPS) If applying for children, list the name(s) and address(es) of any absent parent(s): \_\_\_\_\_

YES ( ) NO ( ) 15. (DOES NOT APPLY TO FOOD STAMPS OR TANF) If the parents are separated and living apart, does the absent parent(s) provide financial support, physical care, or guidance? If YES, explain: \_\_\_\_\_

**ASSIGNMENT OF RIGHTS TO MEDICAL SUPPORT:** As long as you are covered by Medicaid or State/Local Hospitalization (SLH), you are required to assign all of your rights to medical support to the Department of Medical Assistance Services (DMAS) and give to DMAS any payment for medical services you receive from another insurer. You are also required to assign these same rights for everyone else for whom you have the legal right to do so. Failure to assign your rights will make you ineligible for Medicaid or SLH. Failure to assign the rights of anyone else will not make that person ineligible for Medicaid. If you are unwilling to assign the rights of a new household member(s), initial the block below and list the name(s) of the person(s) whose rights you do not wish to assign. Otherwise, your signature indicates you agree to assign the rights of the new household member(s).

☐ I refuse to assign the rights of \_\_\_\_\_

Your Signature or Authorized Representative's Signature or Mark \_\_\_\_\_ Date \_\_\_\_\_ Witness for Mark \_\_\_\_\_ Date \_\_\_\_\_

By my signature below, I declare that the household member(s) for whom I am requesting Food Stamps, TANF, Medicaid (unless I am applying for emergency medical services only), is/are either a U.S. citizen(s) or alien(s) in lawful immigration status, and I declare under penalty of law that all information on this form is correct and complete to the best of my knowledge and belief. The Virginia Department of Social Service is an equal opportunity provider. I understand that if there is a food stamp claim against my household, the information on this application, including all SSNs, may be referred to federal and state agencies as well as private claims collection agencies for claims collection action.

Your Signature or Authorized Representative's Signature or Mark \_\_\_\_\_ Date \_\_\_\_\_ Witness for Mark \_\_\_\_\_ Date \_\_\_\_\_



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**Commonwealth of Virginia  
Department of Social Services  
ELIGIBILITY REVIEW - PART B**

CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKERS	DATE RECEIVED
CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKERS	DATE RECEIVED

**B. RESOURCES** Answer for everyone for whom you are applying. Include any resources anyone owns, is buying, or is heir to. Include any resources jointly owned with someone else, even if that person does not live with you. List the names of all joint owners. After each joint owner's name, list the percentage (%) of the resources owned by that person. Talk to your eligibility worker if you need help answering these questions, including help with the percentage owned.

☐ YES ☐ NO 1. Does anyone have cash, money in checking/savings/credit union/Christmas Club/money market/individual development account/any other account, CD's, patient funds, special welfare accounts, stocks or bonds, trust funds, pension plans, retirement accounts, promissory notes, deeds of trust, or burial plots/arrangements/trust funds? Has a savings or other investment account been set up to pay for school, to make a down payment on a house, to start a business, or for another purpose? Check (✓) ☐ YES ☐ NO

OWNER(S)	TYPE (ACCOUNT#)	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED
OWNER(S)	TYPE (ACCOUNT#)	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED
OWNER(S)	TYPE (ACCOUNT#)	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED

OWNER(S)	TYPE	YES ( ) NO ( ) Is this property used in your business or trade, including farming?	VALUE \$ AMOUNT OWED \$	DATE ACQUIRED
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OWNER(S)	TYPE	YES ( ) NO ( ) Currently/rented YES ( ) NO ( ) Income-producing YES ( ) NO ( ) Currently for sale	VALUE \$ AMOUNT OWED \$	DATE ACQUIRED
----------	------	---	-------------------------------	---------------

OWNER(S)	TYPE OF VEHICLE: YEAR-MAKE-MODEL	CURRENTLY LICENSED <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE #	VALUE \$ AMOUNT OWED \$	EXPLAIN HOW VEHICLE IS USED	DATE ACQUIRED
OWNER(S)	TYPE OF VEHICLE: YEAR-MAKE-MODEL	CURRENTLY LICENSED <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE #	VALUE \$ AMOUNT OWED \$	EXPLAIN HOW VEHICLE IS USED	DATE ACQUIRED
	VEHICLE ID #					

<input type="checkbox"/> YES <input type="checkbox"/> NO 5. Does anyone have health insurance?		BEGIN DATE	ID NUMBER	TYPE OF COVERAGE	PERSON(S) INSURED
POLICY HOLDER		END DATE	PREMIUM AMOUNT \$		
COMPANY NAME, ADDRESS, PHONE					

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☐ YES ☐ NO 6. Does anyone have Medicare?

PERSON INSURED	CLAIM NUMBER	CHECK (✓) <input type="checkbox"/> PART A <input type="checkbox"/> PART B	BEGIN DATE	PREMIUM	PAYMENT METHOD
PERSON INSURED	CLAIM NUMBER	CHECK (✓) <input type="checkbox"/> PART A <input type="checkbox"/> PART B	BEGIN DATE	PREMIUM	PAYMENT METHOD

☐ YES ☐ NO 7. Does anyone have life insurance, retirement insurance, or other related types of insurance policies? (Not required for Food Stamps)

OWNER(S)	PERSON(S) INSURED	COMPANY NAME, ADDRESS, PHONE	TYPE OF POLICY	POLICY NUMBER	FACE VALUE	CASH VALUE	DATE ACQUIRED
					\$	\$	

☐ YES ☐ NO 8. Has anyone sold, transferred or given away any resources in the last 3 months (for Food Stamps), in the last 2 years (for TANF or General Relief), or resources or income in the last five years (for Medicaid)? If Yes, explain: \_\_\_\_\_

**C. INCOME** Answer for everyone for whom you are applying. For TANF and Medicaid for children, also provide income information for the child's parent or stepparent living in the home; or any person living with the parent as husband or wife. If the parent is a minor under age 18 (for TANF) or under age 21 (for Medicaid), also provide information for the parent of the minor parent.

☐ YES ☐ NO 1. Does anyone receive any money from any source? Include money received from self-employment, pensions, income-producing property, support or contributions. If YES, give the information requested. If the money is received from working, give employment information.

PERSON RECEIVING MONEY	TYPE OF MONEY	HOW OFTEN RECEIVED	WHEN RECEIVED	GROSS MONTHLY AMT. BEFORE DEDUCTIONS	EMPLOYER'S NAME, ADDRESS, PHONE NUMBER	EMPLOYMENT BEGIN DATE	HRS/MONTH WORKED
				\$			
				\$			
				\$			
				\$			

☐ YES ☐ NO 2. Has anyone been fired, laid off, gone on sick or maternity leave, gone on strike, quit a job, or reduced hours worked since you applied? If YES, give name and explain: \_\_\_\_\_

☐ YES ☐ NO 3. Does anyone besides the people on your case pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? OR, does anyone totally supply food, shelter or clothing for you or someone else on a regular basis? If YES, give name, amount, and explain: \_\_\_\_\_

☐ YES ☐ NO 4. Has anyone applied for or received student financial aid or work-study for a current school term at any college, university, school or training program beyond the high school level, or any school or training program for persons with a physical or mental disability?

NAME OF PERSON	TYPE OF FINANCIAL AID	AMOUNT	PERIOD COVERED FROM TO	TUITION/ FEES	BOOKS SUPPLIES	TRANSPORTATION	DEPENDENT CARE	ROOM & BOARD	OTHER (Specify)
		\$		\$	\$	\$	\$	\$	\$

☐ YES ☐ NO 5. Does anyone have a day care expense for a child, an elderly person, or an adult with a disability? If YES, give name, amount and explain: \_\_\_\_\_

☐ YES ☐ NO 6. Does anyone pay legally obligated child support to someone not in the household? If YES, give name of person paying, person supported, and amount: \_\_\_\_\_



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**D. FOOD STAMPS**

1. List the name of the person who is the head of your household.  
NOTE: Refer to the *Benefit Programs Booklet* for additional information.

HEAD OF HOUSEHOLD

☐ YES ☐ NO 2. Would you like to name an authorized representative who could apply for food stamps for you, receive or use your food stamp benefits in grocery stores for you, or receive food stamp correspondence and notices for you?

NAME, ADDRESS, PHONE NUMBER OF AUTHORIZED REPRESENTATIVE(S)

CHECK (✓) EACH DUTY AUTHORIZED FOR THAT PERSON

☐ APPLY FOR FOOD STAMPS ☐ RECEIVE CORRESPONDENCE  
☐ RECEIVE OR USE FOOD STAMP BENEFITS

☐ YES ☐ NO 3. Is anyone living in your home NOT included in your Food Stamp application? If YES, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for Food Stamps is approved?  
Check (✓) ☐ YES ☐ NO

☐ YES ☐ NO 4. Is anyone living in your home a roomer or boarder? If YES, list names: \_\_\_\_\_  
☐ YES ☐ NO 5. Is anyone age 60 or older OR approved to receive Medicaid because of a disability OR receiving any type of disability check? If YES, list all current medical expenses for these people. TALK TO YOUR WORKER BEFORE ANSWERING METHOD OF DEDUCTION.

PERSON WITH EXPENSE	TYPE OF EXPENSE	AMOUNT	NAME, ADDRESS, PHONE NUMBER OF DOCTOR, HOSPITAL, PHARMACY	METHOD OF DEDUCTION
		\$		<input type="checkbox"/> LUMP SUM <input type="checkbox"/> MONTHLY AVERAGE <input type="checkbox"/> EXPECTED PAYMENT
		\$		<input type="checkbox"/> LUMP SUM <input type="checkbox"/> MONTHLY AVERAGE <input type="checkbox"/> EXPECTED PAYMENT

☐ YES ☐ NO 6. Does anyone have any of the following shelter expenses? Check (✓) here ☐ if these expenses are for a house not lived in.

EXPENSES	RENT OR MORTGAGE	TAXES	INSURANCE	ELECTRICITY	GAS	KEROSENE	COAL	OIL	WOOD	WATER/SEWER	GARBAGE	TELEPHONE	INSTALLATION
AMOUNT BILLED	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
HOW OFTEN													
WHO PAYS BILL													

- a. Households which have a heating or cooling expense OR received fuel assistance during this past year can use actual utility expenses or a standard amount for these expenses called the "Utility Standard." Check (✓) which amount you would like to use. ☐ Actual utility expenses ☐ Utility standard If Utility Standard, does anyone living in your home but not in your case help you pay heating/cooling? Check (✓) ☐ YES ☐ NO If YES, explain \_\_\_\_\_
- b. Households which do not have a permanent residence can use actual shelter expenses or a standard amount for these expenses called the "Shelter Standard." Check (✓) which amount you would like to use. ☐ Actual shelter expenses ☐ Shelter standard If temporarily staying in someone else's home, give date moved in \_\_\_\_\_



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**E. FINANCIAL AND MEDICAL ASSISTANCE FOR CHILDREN**

☐ YES ☐ NO 1. Has the absent parent(s) changed the amount of financial support, physical care, or guidance regularly provided to the children?  
If YES, explain: \_\_\_\_\_

☐ YES ☐ NO 2. Has the legal parent become disabled such that he or she is unable to work? If YES, explain: \_\_\_\_\_

☐ YES ☐ NO 3. Do you have any new information that would help us locate the absent parent(s)? If YES, explain: \_\_\_\_\_

**F. AUXILIARY GRANTS**

☐ YES ☐ NO 1. Do you own any household goods or personal effects which are worth more than \$500? If YES, and you did not report these items in the Resource Section, list the items and their value here: \_\_\_\_\_

**G. CHANGES EXPECTED THIS MONTH OR NEXT:**

**H. VOTER REGISTRATION (FOOD STAMPS, TANF, MEDICAID ONLY)**

**ANSWER ONLY IF YOU ARE APPLYING FOR FOOD STAMPS, TANF, OR MEDICAID. IF YOU DO NOT RESPOND, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT REGISTER TO VOTE AT THIS TIME.**

Check (✓) one of the following:

YES ( ) NO ( )

If you are not registered to vote where you currently live now, would you like to register to vote here today? By checking this question "yes," I certify that a voter registration application form was given to me to complete. (If you would like help in filling out the vote registration application form, we will help you. The decision to accept help is yours. You also have the right to complete your voter registration application form in private.)

YES ( ) NO ( )

I am already registered to vote at my current address. (If already registered at your current address, you are eligible to register to vote.)

Applying to register or declining to register to vote will not affect the assistance or services that you will be provided by this agency. A decision not to apply to register to vote will remain confidential. A decision to apply to register to vote and the office where your application was submitted will also remain confidential and may only be used for voter registration purposes. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register to vote, or your right in applying to register to vote, you may file a complaint with the Secretary of the Virginia State Board of Elections, Ninth Street Office Building, 200 North Ninth Street, Richmond, VA 23219-3497, (804) 786-6551.

Agency Use Only ☐ Face-to-face interview not required. A voter registration form was mailed.

**BY MY SIGNATURE BELOW, I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE FOLLOWING IS TRUE:**

I received the Benefit Programs Booklet when I first applied or at this review. I understand:

- All of my responsibilities listed in the Benefit Programs Booklet, including my responsibility to report required changes on time.
- If I give false, incorrect, or incomplete information, or do not report required changes on time, I may be breaking the law and could be prosecuted.
- If I helped someone complete this form so as to get benefits he or she is not entitled to, I may be breaking the law and could be prosecuted.
- If I refuse to cooperate with any review of my eligibility, including reviews by Quality Control, my benefits may be denied until I cooperate.
- If my application is for Food Stamps, failure to report or verify of my expenses will be seen as a statement by my household that I do not want to receive a deduction for unreported expenses.

All information on this form is correct and complete to the best of my knowledge and belief.

My signature authorizes the release to this agency of all information necessary to both determine and review my eligibility AND the release of any medical or psychological information obtained from any source to the state or local agency that may review this application for financial or medical assistance. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply to investigations regarding possible fraud.

I filled in this application myself: ☐ YES ☐ NO If NO, it was read back to me when complete: ☐ YES ☐ NO

YOUR SIGNATURE OR AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK		DATE	SPOUSE'S SIGNATURE OR MARK (NOT NEEDED FOR FOOD STAMPS)		DATE
WITNESS TO MARK OR INTERPRETER		DATE	WORKER'S SIGNATURE		DATE
Complete the box below if this application was completed for the applicant by someone else.					
NAME OF PERSON COMPLETING APPLICATION		DATE	ADDRESS		
PHONE NUMBER (HOME)		(WORK)	RELATIONSHIP TO APPLICANT		



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ELIGIBILITY REVIEW FORMS

FORM NUMBER - 032-03-729A  
032-03-729B

PURPOSE OF FORM - (1) To record a household's situation in order to review eligibility; and (2) to gather information about a new household member who is to be added at the time of the review. Though not required for food stamps, the review forms may be used to gather information about a new household member who is to be added during the certification period.

USE OF FORM - These forms are limited to reviews. They may not be used in lieu of an application to either apply for benefits or to protect the date of application.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - These forms are completed at the time of the eligibility review or when new household members are added. Completed forms are to be filed in the eligibility case record.

INSTRUCTIONS FOR PREPARATION OF FORMS - For reviewing eligibility, the front of Part A and all of Part B must be completed. If new household members are to be added at the time of the review, the back of Part A must also be completed.

Requirements for adding new household members between reviews vary by program. For food stamps, a new member may be added based on information provided verbally by a responsible household member. The household does not have to annotate the application, sign and date the application again, or complete the back of Part A. At a minimum, the household must provide a verbal statement of the information on the back of Part A about the new member and note income, resource, or expense changes. The back of Part A and Part B, in its entirety, must be completed in writing at the end of the next review.

TRANSMITTAL #95-2



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Commonwealth of Virginia  
Department of Social Services

## EVALUATION OF ELIGIBILITY

## 1. GENERAL INFORMATION

1. GENERAL INFORMATION		PROGRAM	APPLICATION DATE	INTERVIEW DATE
CASE NAME	CASE NUMBER			
SECONDARY CASE NAME	SECONDARY CASE NUMBER			
IDENTITY (NAME)	VERIFICATION			
HEAD OF HOUSEHOLD ADULT PARENT/PARENTAL CONTROL? <input type="checkbox"/> Y <input type="checkbox"/> N DESIGNATED BY HH <input type="checkbox"/> AGENCY <input type="checkbox"/>		FACE-TO-FACE INTERVIEW? <input type="checkbox"/> Y <input type="checkbox"/> N IF NO, REASON:		
ADDRESS	SECONDARY ADDRESS, TYPE	INSTITUTIONAL STATUS Date Entered <input type="checkbox"/> NF <input type="checkbox"/> CBC <input type="checkbox"/> ACR		
VERIFICATION/REMARKS	VIRGINIA RESIDENT? <input type="checkbox"/> Y <input type="checkbox"/> N	ACR/AFC RATE:	DMAS-96 <input type="checkbox"/> Y <input type="checkbox"/> N	SAR <input type="checkbox"/> Y <input type="checkbox"/> N

## 2. MEMBER INFORMATION

NAME OR MBR#	HH/UNIT MEMBERSHIP CHECK (✓) IF INCLUDED						PERMANENT VERIFICATIONS CHECK (✓) IF REQ. MET				FSET/ESP/VIEW REGISTRATION OR REFERRAL	ATTENDING SCHOOL?	DEPRIVATION (MED - ONLY EFF 7/1/99)	IMMUNIZATION REQUIREMENT MET?
	FS	TANF	MED	AG	MEDICAID/AG CATEGORY	OTHER (LIST)	SSN	DOB	CIT	REL				
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

NAME	PROGRAM	REASON FOR EXCLUSION, DISQUALIFICATION OR INELIGIBILITY	TIME PERIOD

ASSIGNMENT OF RIGHTS? <input type="checkbox"/> Y <input type="checkbox"/> N	NOTICE OF COOPERATION AND GOOD CAUSE SIGNED? <input type="checkbox"/> Y <input type="checkbox"/> N IDENTITY EXCEPTION CLAIMED? <input type="checkbox"/> Y <input type="checkbox"/> N	GOOD CAUSE CLAIMED? <input type="checkbox"/> Y <input type="checkbox"/> N	LIVING WITH SPECIFIED RELATIVE/GUARDIAN <input type="checkbox"/> Y <input type="checkbox"/> N
DEPRIVATION, TRUANCY, PREGNANCY, CONCEPTION/DELIVERY DATE, FOSTER CARE/ADOPTION STATUS, DISABILITY/BLINDNESS OR OTHER DOCUMENTATION			



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### 3. MEDICAID

RETROACTIVE DETERMINATION NECESSARY ? <input type="checkbox"/> Y <input type="checkbox"/> N  RETROACTIVE PERIOD _____	POTENTIALLY PROTECTED MEMBERS PROTECTED MEMBERS (INCLUDED STATUS)	COMMUNITY SPOUSE?  <input type="checkbox"/> Y <input type="checkbox"/> N
---	--	--

**4. DOCUMENTATION** OF UNIT OR HH MEMBERSHIP, MEDICAID PROTECTED STATUS, VOLUNTARY QUIT, WORK REDUCTION, WORK REQUIREMENT.

\_\_\_\_\_

**5. RESOURCES** (EVALUATE SAVINGS OR INVESTMENT ACCOUNT FOR ANY PURPOSE LEADING TO SELF-SUFFICIENCY)

[illegible]

PROMISSORY NOTES/DEEDS OF TRUST ☐ Y ☐ N BURIAL ☐ Y ☐ N PERSONAL PROPERTY ☐ Y ☐ N REAL PROPERTY ☐ Y ☐ N  
PROGRAM(S)

MBR	TYPE	AMOUNT	ADDITIONAL EXPLANATION, VERIFICATION, CALCULATIONS			
			COUNTABLE			

VEHICLES ☐ Y ☐ N      DMV ☐ MATCH ☐ NO MATCH      DATE \_\_\_\_\_      PROGRAM(S) \_\_\_\_\_

									PROGRAM(S)		
MBR	YEAR, MAKE, MODEL	USE	FMV	FS LIMIT	EXCESS	LIEN	EQUITY	VERIFICATION, CALCULATIONS			
								COUNTABLE			

HEALTH INSURANCE ☐ Y ☐ N MEDICAID: HIPPA APPLICATION, MEDICAL QUESTIONNAIRE COMPLETED ☐ Y ☐ N

MBR	TYPE	COMPANY	POLICY ID#	VERIFICATION	PREMIUM



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LIFE INSURANCE ☐ Y ☐ N (NOT APPLICABLE FOR FOOD STAMPS)

MBR	OWNER	TYPE	FACE \$	CASH \$	COMPANY, ACCT#	VERIFICATION	PROGRAM(S)		

COUNTABLE

6. TRANSFER OF RESOURCES ☐ Y ☐ N (MEDICAID: ALSO EVALUATE TRANSFER OF INCOME)

MBR	TYPE, DATE	VALUE	AMOUNT	VERIFICATION, CALCULATION OF PERIOD OF INELIGIBILITY	
					FS
					TANF
					MED

7. EARNED INCOME ☐ Y ☐ N

PROGRAM(S)

MBR	INCOME SOURCE	DATE REC'D	AMOUNT	FREQUENCY	HRS/WK	VERIFICATION	PROGRAM(S)		

COUNTABLE

8. UNEARNED INCOME ☐ Y ☐ N

PROGRAM(S)

MBR	INCOME SOURCE	DATE REC'D	AMOUNT	FREQUENCY	VERIFICATION	PROGRAM(S)		

COUNTABLE

VEC ☐ Match ☐ No Match Date \_\_\_\_\_ SVES ☐ Match ☐ No Match Date \_\_\_\_\_ APCS ☐ Match ☐ No Match Date \_\_\_\_\_

CALCULATIONS (DOCUMENT DISREGARDS, INCOME SCREENINGS, SELF EMPLOYMENT EXPENSES, SCHOOL EXPENSES, CHILD SUPPORT)

APPLICATION FOR OTHER BENEFITS: ( ) SSA ( ) SSI ( ) UCB ( ) VA ( ) OTHER \_\_\_\_\_

TOTAL COUNTABLE RESOURCES			
FS	TANF	MEDICAID	
\$	\$	\$	\$

TOTAL COUNTABLE INCOME			
FS	TANF	MEDICAID	
\$	\$	\$	\$



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**9. EXPENSES**

SHELTER EXPENSES ☐ Y ☐ N

TYPE OF EXPENSE	MO. AMT.	VERIFICATION
RENT/MORTGAGE		
ELECTRICITY		
GAS/KEROSENE/COAL OIL/ WOOD		
WATER/SEWER		
GARBAGE		
INSTALLATION		
TAX/INSURANCE		

DAY CARE EXPENSES ☐ Y ☐ N CHILD SUPPORT DEDUCTION ☐ Y ☐ N

MBR	MO. AMT.	DESCRIPTION, VERIFICATION

MEDICAL EXPENSES ☐ Y ☐ N

MBR	MO. AMT.	DESCRIPTION, VERIFICATION, METHOD OF DEDUCTION

UTILITY STANDARD ☐ Y ☐ N ☐ 1-3 ☐ 4+ PHONE STANDARD ☐ Y ☐ N HOMELESS STANDARD ☐ Y ☐ N  
REASON FOR ENTITLEMENT TO STANDARD:

**10. GENERAL RELIEF (MAINTENANCE)**

Period of Unemployment: \_\_\_\_\_  
 Applied for SSI ☐ Decision appealed ☐  
 Release of SSI check signed: \_\_\_\_\_  
 Modified Standard ☐ Full Standard ☐  
 Reason for Standard: \_\_\_\_\_

**11. EMERGENCY ASSISTANCE ( ) GR ( ) TANF-EA**

Date and Reason for Emergency: \_\_\_\_\_  
 Assistance Previously Received? ☐ Y ☐ N  
 Date and Amount Received: \_\_\_\_\_

**12. STATE AND LOCAL HOSPITALIZATION**

MBR	Service Dates	Provider Name	Applied within 30 days? <input type="checkbox"/> Y <input type="checkbox"/> N

**13. DIVERSIONARY ASSISTANCE PROGRAM**

Loss/Delay of Income <input type="checkbox"/> Y <input type="checkbox"/> N TANF Requirements Met? <input type="checkbox"/> Y <input type="checkbox"/> N Emergency Need \$ _____ Type _____ TANF \$ _____ Payment \$ _____ Date Issued _____ (Max 4 months) Vendor Payment Issued to: _____ TANF Period of Ineligibility: _____ to _____ Diversionary Assistance Ineligibility (60 mos.) Ends: _____ Acceptance Signed: <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	EVALUATION:
---	-------------

**14. SPEND-DOWN CALCULATION**

COUNTABLE INCOME	\$ _____	\$ _____	\$ _____	SPEND-DOWN PERIOD: _____ FROM _____ TO _____
MINUS INCOME LEVEL	_____	_____	_____	Person(s) on Spend-down: _____
EXCESS INCOME	_____	_____	_____	Person(s) on Spend-down: _____

**15. DISPOSITION**

TEMPORARY ASSISTANCE PROGRAMS  
DATE GIVEN: BOOKLET \_\_\_\_\_

FOOD STAMPS  
HOTLINE \_\_\_\_\_

MEDICAID  
HANDBOOK \_\_\_\_\_

PROGRAM	DISPOSITION (Denial Reason)	EFFECTIVE DATE/ CERT/COVERED PERIOD	HH/AU SIZE	MONTHLY BENEFITS	PRORATED BENEFITS	SIGNATURE AND DATE (WORKER/SUPERVISOR)



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EVALUATION OF ELIGIBILITY

FORM NUMBER - 032-03-823

PURPOSE OF FORM - To document verification of elements used to determine eligibility and to document eligibility decisions.

USE OF FORM - To be completed by the eligibility worker at application and review.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form is to be kept in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the elements required for the program. If a sectional element is not appropriate for the program, it should be marked Not Applicable (NA). If an entire section does not apply, the section should be left blank.

The disposition section must be completed to summarize the eligibility decision. The form must be signed by the eligibility worker and should be signed by the supervisor, if a review of the action is completed.

TRANSMITTAL #95-2



10/01

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Commonwealth of Virginia  
Department of Social Services

PARTIAL REVIEWS AND CHANGES

CASE NAME	CASE NUMBER	FIPS
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PROGRAM	ACTION DATE	EFFECTIVE DATE	REASON FOR REVIEW, METHODS AND DATES OF VERIFICATION	SIGNATURE AND DATE (Worker/Supervisor)



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PROGRAM	ACTION DATE	EFFECTIVE DATE	REASON FOR REVIEW, METHODS AND DATES OF VERIFICATION	SIGNATURE AND DATE (worker/Supervisor)



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PARTIAL REVIEWS AND CHANGES

FORM NUMBER - 032-03-823B

PURPOSE AND USE OF FORM - To be completed by the eligibility worker to document changed information and partial eligibility evaluations.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form is to be kept in the eligibility case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information for the case at the top of the form.

The eligibility worker must complete the form to record changed elements and to document the impact of the change(s) on the household's eligibility.

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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

**FOOD STAMP PROGRAM – HOTLINE INFORMATION**

**NAME OF APPLICANT:** \_\_\_\_\_

**YOUR DATE OF APPLICATION:** \_\_\_\_\_

**THE DATE THE AGENCY MUST GIVE YOU  
YOUR FOOD STAMPS OR A DECISION:** \_\_\_\_\_

☐ IF THIS BOX IS CHECKED, YOUR APPLICATION IS ENTITLED TO EXPEDITED SERVICE  
(7-DAY SERVICE)

If you don't get your food stamps or a decision by this date, you should call the Client Services Hotline for immediate help. The Hotline is open Monday through Friday, except holidays, from 8:15 a.m. to 5:00 p.m. The numbers are:

For the Richmond Calling Area: **692-2198**

For the Rest of Virginia: **1-800-552-3431**

Once you have called this number, you must be told by the next business day that you are either eligible or ineligible. If you are told that you are eligible, food stamps will be provided the next business day. However, if you call before 3:00 p.m. on Thursday or Friday and are eligible, food stamps will be provided on the next business day.

If you are not satisfied with the action the local agency took on your application, or if there are other problems with your Food Stamp case, you may contact the local legal aid office in your area. Names and addresses of legal aid offices are on the back of this flyer.

In order to determine if you are eligible for Food Stamps, the agency may ask you to verify certain information. If you have provided the required verifications, you should either have your food stamps or receive a denial notice within 30 days from the day you filed your application.

If you are in an emergency situation, you should have your food stamps within 7 days. This is called "expedited service." Your application will be given expedited service if:

- Your household's monthly income is less than \$150, and resources are \$100 or less; or
- Total income and resources are less than your shelter bills; or
- A migrant or seasonal farm worker lives in your household, and you have little or no income or resources.

\_\_\_\_\_  
NAME OF WORKER COMPLETING THIS FORM

\_\_\_\_\_  
WORKER'S TELEPHONE

032-03-819/8 (08/03)

The Virginia Department of Social Services is an Equal Opportunity Provider



Blue Ridge Legal Services, Inc.  
204 North High Street  
Harrisonburg VA  
(540) 433-1830  
1-800-237-0141

Blue Ridge Legal Services, Inc.  
119 South Kent Street  
Winchester VA  
540-662-5021  
1-800-678-5021

Blue Ridge Legal Services, Inc.  
203 North Main Street  
Lexington VA  
540-463-7334

Blue Ridge Legal Services, Inc.  
132 Campbell Avenue, SW  
Suite 300  
Roanoke VA  
540-344-2088  
1-866-534-5243

Central VA Legal Aid Society  
101 West Broad Street, Suite 101  
Richmond VA  
804-648-1012

Central VA Legal Aid Society  
617 W. Main Street, 2<sup>nd</sup> Floor  
Charlottesville VA  
(434) 296-8851  
1-800-390-9983

Central VA Legal Aid Society  
10-A Bollingbrook  
Petersburg VA  
804-862-1100

Eastern VA Legal Aid Society  
125 St. Paul's Boulevard  
Norfolk VA  
757-627-5423  
1-800-868-1072

Legal Aid Justice Center  
1000 Preston Avenue, Suite A  
Charlottesville VA  
(434) 977-0553  
1-800-578-8111

Legal Aid Society of Roanoke Valley  
416 Campbell Avenue SW  
Roanoke VA  
(540) 344-2088  
1-800-711-0617

Legal Services of Eastern VA  
2017 Cunningham Dr. Suite 300  
Hampton VA  
757-827-2912  
1-800-944-6624

Legal Services of Eastern VA  
199 Armistead Avenue  
Williamsburg VA  
757-220-6837  
1-800-455-8208

Legal Services of Eastern VA  
36314 Lankford Highway, Suite 5  
Belle Haven VA  
757-442-3014  
1-800-455-8208

Legal Services of Northern VA  
6400 Arlington Boulevard  
Suite 630  
Falls Church VA  
703-532-3733

Legal Services of Northern VA  
603 King Street, 4<sup>th</sup> Floor  
Alexandria VA  
703-684-5566

Legal Services of Northern VA  
1916 Wilson Boulevard, Suite 200  
Arlington VA  
(703) 532-3733

Legal Services of Northern VA  
4080 Chain Bridge Road  
Fairfax VA  
703-246-4500

Legal Services of Northern VA  
204 Wirt Street, SW  
Leesburg VA  
703-777-7450

Legal Services of Northern VA  
9240 Center Street  
Manassas VA  
703-368-5711

Rappahannock Legal Services, Inc.  
910 Princess Anne Street  
Fredericksburg VA  
540-371-1105

Rappahannock Legal Services, Inc.  
314 North West Street  
Culpeper VA  
540-825-3131

Rappahannock Legal Services, Inc.  
P.O. Box 1662  
Tappahannock VA  
(804) 443-9393  
1-800-572-3094

Southwest VA Legal Aid Society, Inc.  
155 Arrowhead Trail  
Christiansburg VA  
540-382-6157  
1-800-468-1366

Southwest VA Legal Aid Society, Inc.  
227 West Cherry Street  
Marion VA  
(276) 783-8300  
1-800-277-6754

Southwest VA Legal Aid Society, Inc.  
P.O. Box 670  
Castlewood VA  
(276) 762-9356  
1-888-201-2772

Virginia Legal Aid Society  
513 Church Street  
Lynchburg VA  
804-528-4722  
1-800-552-7676

Virginia Legal Aid Society  
105 S. Union Street, Suite 400  
Danville VA  
804-799-3550  
1-800-552-7676

Virginia Legal Aid Society, Inc.  
104 High Street  
Farmville VA  
804-392-8108  
1-800-552-7676

Virginia Legal Aid Society, Inc.  
112 W. Washington Street, Suite 300  
Suffolk VA  
757-539-3441  
1-800-552-7676

Virginia Legal Aid Society, Inc.  
412 South Main Street  
Emporia VA  
804-634-5172  
1-800-552-7676

Legal Aid Justice Center  
1000 Preston Avenue, Suite A  
Charlottesville VA  
(434) 296-8851  
1-800-200-8479

Legal Services Corp. of Virginia  
700 E. Main Street, Suite 1504  
Richmond, VA  
(804) 782-9438

Virginia Poverty Law Center, Inc.  
201 W. Broad Street, Suite 302  
Richmond, VA  
(804) 782-9430  
1-800-868-8752



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FOOD STAMP PROGRAM - HOTLINE INFORMATION

FORM NUMBER - 032-03-819

PURPOSE AND USE OF FORM - To inform each household of the timeframe the agency has to process its application.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The agency must complete the form and give it to the household on the day of application for **benefits for any period for which the household has not already received benefits, i.e., new application, reapplication, or late recertification.** The agency must mail the form if the household filed the application by mail.

INSTRUCTIONS FOR PREPARATION OF FORM -

The local agency must complete all blanks on the form.

Enter the name of the person filing the application at "Name of

Enter the date the household filed the application at "Your Date of

At "The Date the Agency Must Give You Your Food Stamps or Decision," enter the date that is 30 days from the date of application, unless the applicant is entitled to expedited service. If expedited service is appropriate, the date for this blank will be 7 days from the application date.

If the application is expedited, the worker checks the block indicating that entitlement.

Enter the information requested at "Name of Worker Completing This Form."

The worker must circle the name and number of the legal aid office serving the locality on the back of the flyer.



**DEPARTMENT OF SOCIAL SERVICES  
FOOD STAMP PROGRAM**

**KNOW YOUR RIGHTS WHEN APPLYING FOR FOOD STAMPS**

If you are interested in applying for Food Stamps, here is information you need to know:

Persons applying for Food Stamps must file an application by submitting the application form to the Department of Social Services in the county or city where they live, either in person, through an authorized representative, or by mail.

You have the right to file an application on the same day you contact the Department of Social Services in your locality. The address and hours of the office are shown at the bottom of this notice. Your application may be submitted any time during office hours.

You may come to the office to pick up an application any time during office hours, or the agency can mail you an application on the same day you request it.

If your resources and income are very low (\$100 in resources and \$150 in income), or you are a migrant or seasonal farmworker, or your combines gross monthly income and resources are less than your family's shelter expenses, you may be eligible for expedited service. This means that if you are eligible, you are entitled to receive food stamps within 7 days following the date your application is filed at the local social services department.

Your Application will be reviewed on the day it is received for possible eligibility for expedited service.

You have the right to file an application even if you appear to be ineligible for the program.

You or a designated authorized representative may file an incomplete application as long as it contains a name, address, and signature of a responsible household member or properly designated authorized representative. The agency has 30 days to process your application (7days, if expedited). The 30-day (or 7-day, if expedited) processing time begins the day after the application is received at the office. Additionally, your food stamp benefits for the month of application will be prorated from the date of application if you are found eligible.

If your case is approved, you must receive your benefits within 30 days following the date of application (or 7 days, if expedited)

As part of the Food Stamp application process, you will be required to have an in-office interview before being certified, but the interview is not necessary before filing an application. Under certain hardship conditions, you may request the office interview be waived and replaced, for example, by a telephone interview.

The Food Stamp Program has separate rules and processes from other programs. You should apply for food stamps even if there are limitations on receiving benefits for other programs.

**YOU ARE ENCOURAGED TO APPLY FOR FOOD STAMPS THE SAME DAY YOU CONTACT THE AGENCY FOR ASSISTANCE.**

**AGENCY NAME:**

**ADDRESS:**

**PHONE NUMBER:**

**OFFICE HOURS:**

The Food Stamp Program is administered without regard to age, race, color, sex, disability, religious creed, national origin, or political beliefs. The Virginia Department of Social Services is an equal opportunity provider.



KNOW YOUR RIGHTS WHEN APPLYING FOR FOOD STAMPS

FORM NUMBER - 032-03-821

PURPOSE OF FORM - To consolidate information the local agency must share with an applicant for food stamps. The Form's use is optional.

USE OF FORM - May be given to applicants requesting food stamp program information instead of a verbal explanation of applicants' rights. The agency must advise applicants that the form is a listing of program rights. The agency must also ensure that the applicant is able to read the form in English and comprehend it.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The flyer may be given to applicants inquiring about the Food Stamp Program.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the bottom of the form, supplying the local agency's name, address, telephone number, and office hours.



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
FOOD STAMP PROGRAM

EXPEDITED SERVICE CHECKLIST

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

- I. ☐ YES ☐ NO Has anyone for whom you are applying received food stamps this month?

If YES, who: \_\_\_\_\_

where: \_\_\_\_\_

- II. INCOME BEFORE DEDUCTIONS this month for everyone in your household. Count money already received plus any money expected to be received during this month.

Type of Income

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

- III. RESOURCES for everyone in your household:

Cash on Hand \$ \_\_\_\_\_

Checking Accounts \$ \_\_\_\_\_

Savings Accounts \$ \_\_\_\_\_

- IV. SHELTER EXPENSES this month. Do not count amounts due for previous months:

Rent/Mortgage \$ \_\_\_\_\_

Electricity \$ \_\_\_\_\_

Gas, Oil, Kerosene, Wood \$ \_\_\_\_\_

Water, Sewer \$ \_\_\_\_\_

Garbage \$ \_\_\_\_\_

Telephone (count basic service only) \$ \_\_\_\_\_

- V. ☐ YES ☐ NO Is anyone in your household a Migrant or a Seasonal Farmworker?

AGENCY USE ONLY

1. ☐ YES ☐ NO Is income less than \$150 AND resources \$100 or less?

IF YES, EXPEDITE

2. ☐ YES ☐ NO Is income plus resources less than shelter?

Income \$ \_\_\_\_\_

Resources +\$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Shelter \$ \_\_\_\_\_

IF YES, EXPEDITE

NOTE: If the household is entitled to the Utility Standard, the Standard may be used to determine Shelter, unless the household chooses to use actual shelter costs.

FOR MIGRANT & SEASONAL FARMWORKERS

- 3A. ☐ YES ☐ NO Are resources \$100 or less AND, in the next 10 days, \$25 or less is expected from new income source?

IF YES, EXPEDITE

- 3B. ☐ YES ☐ NO Are resources \$100 or less AND no income is expected from a terminated source this month or next month?

IF YES, EXPEDITE

DETERMINATION

☐ EXPEDITED

☐ NOT EXPEDITED

Screened by:



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EXPEDITED SERVICES CHECKLIST

FORM NUMBER - 032-03-718

PURPOSE OF FORM - To assist agencies in screening households for entitlement to expedited services.

USE OF FORM - To be completed, as needed, at the time of **a new** application, reapplication **or a late recertification** to identify households who are eligible for expedited services.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - File in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Obtain the information on the left side of the form from the applicant. The applicant, eligibility worker, screener, volunteer, or anyone else designated by the agency, may complete the left side of form.

Agency personnel must complete the "Agency Use Section". The form identifies each of the ways a household could be eligible for expedited service. If a household is entitled to expedited services, the EW must conduct an interview and authorize benefits within the expedited service time frames. Note however, that the interview may be postponed under certain circumstances.

NOTE: This form was developed to assist in screening households for expedited services. Agencies which use appointment systems for interviews must screen all applicants to ensure that those entitled to expedited services are given appointments and delivered benefits within expedited time frames. Agencies which interview clients on a walk-in, daily basis may not necessarily need to use this checklist, since determination for expedited service can be made during the interview.



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
**CHECKLIST OF NEEDED VERIFICATIONS**

Name      Address	Case Number	
	Program(s)	Date
	Worker	Telephone

In order to receive assistance, you must provide the information checked below. We will help you obtain the information. If you cannot provide the information, or if you need help in providing the information, contact your worker. Call collect, if necessary. IF YOU DO NOT PROVIDE THIS INFORMATION OR CONTACT THE AGENCY BY THE FOLLOWING DATES, YOUR APPLICATION MAY BE DENIED.

TANF: \_\_\_\_\_ FOOD STAMPS: \_\_\_\_\_  
MEDICAID: \_\_\_\_\_ OTHER: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| 1. INCOME (Earned and Unearned)<br>for _____<br>( ) Pay stubs<br>( ) Statement from employer<br>( ) Self-employment records<br>( ) Social Security/SSI benefits<br>( ) VA benefits<br>( ) Retirement income<br>( ) Child support, alimony payments<br>( ) Unemployment benefits<br>( ) Worker's Compensation benefits<br>( ) Loans (personal or education)<br>( ) Scholarships, (BEOG, PELL<br>SEOG, CSAP, or other)<br>( ) Work-study pay stubs<br>( ) Other _____ | ( ) Life insurance policies<br>( ) Other _____  | 8. RESIDENCY, LIVING ARRANGEMENTS, SCHOOL ENROLLMENT<br>( ) Verification of residence<br>( ) Verification of child(ren)<br>living in the home<br>( ) School enrollment<br>( ) Separate arrangements to buy and<br>prepare food<br>( ) Other _____  |
| 2. WORK OR SCHOOL EXPENSES<br>( ) Day care expenses for child or adult<br>( ) School expenses (tuition, fees, books<br>supplies, transportation, or other)<br>( ) Other _____   | 4. SHELTER EXPENSES<br>( ) Rent or mortgage receipt<br>( ) Real estate taxes<br>( ) Homeowner's insurance<br>( ) Electric bill<br>( ) Gas.Kerosene/oil/wood bill<br>( ) Water/sewage bill<br>( ) Garbage bill<br>( ) Phone bill<br>( ) Initial installation charge<br>( ) Other _____ | 9. DOCUMENTS<br>( ) SSN Cards/numbers<br>( ) Application for SSN card<br>( ) Declaration of citizenship<br>( ) Immigrant/Alien documentation<br>( ) Birth verification<br>( ) Verification of paternity<br>( ) Marriage certificate<br>( ) Divorce decree<br>( ) Death certificate<br>( ) Deprivation statement<br>( ) Other _____               |
| 3. RESOURCES<br>( ) Checking, sav ings, credit union,<br>Christmas Club account statements<br>( ) Stocks, bonds or CDs<br>( ) Pension plans, retirement<br>accounts, IRAs<br>( ) Burial plots, funds, contracts<br>( ) Real estate property<br>( ) Title, registration, or personal property<br>tax receipt for motor vehicles, motor<br>boats, motor homes   | 5. LEGALLY RESPONSIBLE RELATIVE<br>( ) Income verification<br>( ) Statement of contribution<br>( ) Child support or alimony<br>( ) Extraordinary expenses<br>( ) Proof of continued absence<br>( ) Copy of support order<br>( ) Other _____   | 10. MEDICAL INFORMATION<br>( ) Assignment of Rights form<br>( ) Medical form, statements<br>( ) Pregnancy statement<br>( ) Health insurance policies, cards<br>( ) Medicare card<br>( ) Health insurance premiums<br>( ) Medical bills for _____<br>( ) Prescription drug bills<br>( ) HIPP forms<br>( ) Immunization records<br>( ) Other _____ |
|   | 6. WORK REGISTRATION<br>( ) Registration form   |  |
|   | 7. IDENTITY<br>( ) Driver's license<br>( ) Voter registration card<br>( ) Clinic, medical card<br>( ) Work ID, school ID, library card<br>( ) Other _____   |  |

Other information or verification needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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CHECKLIST OF NEEDED VERIFICATIONS

FORM NUMBER - 032-03-814

PURPOSE OF FORM - To advise households of verifications needed to process their applications.

USE OF FORM - To be completed by the eligibility worker and given to the applicant to meet the requirement that households receive written notice of verification requirements. The form is required for Food Stamps. It may be used to inform applicants of verifications needed for other programs.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The original is given to the household. The agency retains a copy with the food stamp application and a copy may be filed with applications for other benefits.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Complete the sentence "Please provide information by: \_\_\_\_\_" with the date by which verification is needed. For an initial application or reapplication for food stamps, this date would be **10** days from the date of application. For a recertification application, this date would be 10 days from the interview date or other date when the household was told what was needed. **No action may be taken to deny the application before the 30th day after the filing date if verifications are not provided by the 10th day.**

In the body of the form, check the items requiring verification.

Use the blank lines at the bottom of the form for additional information or instructions. For example, for expedited applications, information not available during the interview can be noted with instructions to submit the information within **seven** days following the application date. The form must still indicate the verifications needed for normal processing however.



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
FOOD STAMP PROGRAM  
NOTICE OF ACTION

THIS IS TO INFORM YOU OF ACTION TAKEN ON YOUR FOOD STAMP APPLICATION CASE.

CASE NUMBER
DATE
COUNTY/CITY

**SECTION 1. ACTION ON APPLICATION DATED**

- ☐ Approved for following months \_\_\_\_\_  
Amount first month \$ \_\_\_\_\_ Month covered \_\_\_\_\_ Amount for following months \$ \_\_\_\_\_  
You selected \_\_\_\_\_ as Head of Household. If all adult members do not agree, contact your worker in 10 days.  
NOTE: If you applied for both Food Stamps and TANF or GR at the same time, and then are approved for TANF or GR benefits, your food stamp amount may be reduced without advance notice.
- ☐ If this box is checked, your application was approved even though some verification was postponed. We need the following information or verification from you: \_\_\_\_\_  
If we do not receive these by \_\_\_\_\_ your case will be closed effective \_\_\_\_\_  
If this verification results in changes in your household's eligibility or amount of benefits, we will make such changes without advance notice.
- ☐ Denied. See Section 3
- ☐ Continue to hold application pending. The cause for delay is:
- ☐ Agency delay. Your application will be processed as soon as possible.
  - ☐ Client delay.
  - ☐ We are waiting for the following information from you: \_\_\_\_\_  
We must have this information by \_\_\_\_\_ or your application will be denied.

**SECTION 2. ACTION ON FOOD STAMP CASE**

- ☐ Changed from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective \_\_\_\_\_
- ☐ If this box is checked, we must receive the following verification from you: \_\_\_\_\_
- We must receive this verification by \_\_\_\_\_ If you allotment was increased but we do not receive this verification, you benefits will go back to the amount \$ \_\_\_\_\_ effective \_\_\_\_\_ without advance notice.
- ☐ Reinstated – Amount \$ \_\_\_\_\_ effective \_\_\_\_\_
- ☐ Supplemented – Amount \$ \_\_\_\_\_ for the month of \_\_\_\_\_
- ☐ Suspended for the month of \_\_\_\_\_
- ☐ Terminated effective \_\_\_\_\_

**SECTION 3. ACTION ON FOOD STAMP CASE**

**YOU MUST REPORT WITHIN 10 DAYS REQUIRED CHANGES IN THE PERSONS IN YOUR HOUSEHOLD AND IN YOUR FINANCIAL SITUATION.** If necessary, you may call collect.

Children approved for food stamp benefits and attending public school may be eligible for free meals. Call your school for more information.

Food stamps or an ATP card not received in the mail or destroyed after receipt may be replaced if the loss is reported right away.

If you do not agree with the action we have taken or the amount of food stamp you are receiving, you can have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake, and a hearing officer will decide if you are right. To request a fair hearing, you may call me at the number below or write to the Virginia Department of Social Services, Attention: Manager, Appeals and Fair Hearings, 730 East Broad Street, Richmond, Virginia 23219-1849. You may also request a fair hearing by calling toll free 1-800-552-3431. You must request your hearing within the next 90 days. If you appeal the action on your case before \_\_\_\_\_ assistance may continue. However, if assistance is continued, you may have to repay food stamp benefits you received during the appeal process if the hearing decision supports the agency action. For additional information about appeals and fair hearings, please see the back of this notice.

Worker	Telephone Number	For Free Legal Advice Call
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032-03-117/14 (12/97)

CLIENT



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### APPEALS AND FAIR HEARINGS

A fair hearing provides you the opportunity to review the way a local agency social services agency has handled your situation concerning your stated need for food stamps. The fair hearing is a private, informal meeting at the local social services agency with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The hearing officer is the official representative of the State Department of Social Services.

In addition to filing an appeal, you also have the right to request a conference with your local social services agency, at which time the agency must give you an explanation of its proposed action. You must also be given the opportunity to present any information on which your disagreement with the agency's proposed action is based. At such a conference, you have the right to have your story presented by an authorized representative, such as a friend, relative or lawyer.

If you request the conference within 10 days of receipt of your advance notice of proposed action to decrease or terminate your food stamp benefits, the proposed action will not be taken until a decision is made at your conference.

If you are not satisfied with the local social services agency's action following the conference, and you want to request that your food stamp benefits be continued as usual until a hearing decision is received, you must file an appeal within two days following the date of the conference. If you do not request a conference but file your appeal within 10 days of your advance notice of proposed action to decrease or terminate your food stamp benefits, your benefits may be continued until a hearing decision is reached. However, if the agency's action is upheld, you will be required to repay the food stamp benefits received during the appeals process.

If you wish to request a hearing, follow the instructions on the front of this form.

The person who conducts the hearing is someone from the State Department of Social Services, not someone from your local social services agency. The hearing officer makes a decision on your appeal.

You will be notified of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call your eligibility worker immediately. If you need transportation, the local agency will provide it. You may bring a representative and/or witnesses to the hearing to help you tell your story. Your eligibility worker, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

- (1) examine all documents and records which are used at the hearing;
- (2) present your case or have it presented by a lawyer or by another authorized representative;
- (3) bring witnesses;
- (4) establish pertinent facts and advance arguments; and
- (5) question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The decision or recommendation of the hearing officer shall be based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the local social services agency would be given the opportunity to question or refute this additional information.

You will be notified in writing of the hearing officer's decision on your appeal within 60 days of the date your appeal request is received by the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency, consequently, if you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice, you may contact your local legal aid office.



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NOTICE OF ACTION

FORM NUMBER - 032-03-117

PURPOSE OF FORM - To notify an applicant/recipient of eligibility action taken on an application or an ongoing food stamp case.

USE OF FORM - To be prepared and sent immediately or within the appropriate time standard following action on an application or a food stamp case.

The Notice of Action may be used in place of the Advance Notice of Proposed Action for food stamp only cases. It is to be used in all instances where policy requires the use of an "adequate notice".

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The original is to be forwarded to the head of the household. One (1) copy is to be retained in the case file.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form.

SECTION 1

Use this section to inform the household of the disposition of an application, reapplication or recertification.

Enter the date of the application.

Check the appropriate box to show the disposition of the application.

For approvals, indicate the months of certification, the allotment and months covered by the first issuance, and the amount for following months.

If the application was expedited and verification was postponed, check the box which says "If this box is checked...." List the postponed verification, the date by which the verification is needed, and the effective date of closure if the verification is not received. The deadline date for submitting the verifications will be the 30th day after the application filing date and the closure date will be the last day of the month of



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application for applications filed before the 15th day of the month. For applications filed on or after the 16th day of the month, the verification deadline and closure date will be the last day of the month after the month of application.

For applications which must be held pending an additional 30 days, check whether the delay was caused by the agency or household. If information is still needed, indicate the missing information and date by which information is needed to prevent denial.

#### SECTION 2

Use this section to inform the household of action taken on an ongoing food stamp case.

Check the appropriate box to show a change in an allotment, a reinstatement, a supplement, a termination or a suspension. An "other" block is also provided for situations that may not be covered by the choices listed.

If verification is needed of a change, check the indented block which explains that verification must be received or the allotment will revert to the previous amount. Complete blanks as needed for the specific situation.

#### SECTION 3

Use this section to explain the reason for the action taken or to give a further explanation of any of the items checked in Sections 1 or 2.

Complete the information at the bottom of the form. **A date must be entered in the space provided in the appeal information section whenever the form is sent for negative actions to reduce, terminate, or to suspend benefits. A date must not be entered when the form is sent for approvals or denials of applications.**

TRANSMITTAL #40



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

**ADVANCE NOTICE OF PROPOSED ACTION**

CASE NUMBER	PROGRAM
DATE OF MAILING:	
IF YOU WANT FREE LEGAL ADVICE, CALL: _____ THIS NUMBER IS A LOCAL LEGAL SERVICES AGENCY, NOT THE DEPARTMENT OF SOCIAL SERVICES.	

**ACTION TO BE TAKEN ON YOUR CASE IS EXPLAINED BELOW.**

<input type="checkbox"/> <b>FOOD STAMPS</b>		YOUR FOOD STAMP ALLOTMENT WILL BE: <input type="checkbox"/> REDUCED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> TERMINATED	
EFFECTIVE DATE:	AMOUNT OF REDUCTION: FROM: TO:	ELIGIBILITY WORKER:	TELEPHONE:
REASON FOR PROPOSED ACTION: _____			

<input type="checkbox"/> <b>FINANCIAL ASSISTANCE</b>		YOUR ASSISTANCE CHECK WILL BE: <input type="checkbox"/> REDUCED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> TERMINATED	
EFFECTIVE DATE:	AMOUNT OF REDUCTION: FROM: TO:	ELIGIBILITY WORKER:	TELEPHONE:
MANUAL REFERENCE: _____		REASON FOR PROPOSED ACTION: _____	
<input type="checkbox"/> VIEW TERMINATION - THE TANF CASE IS CLOSED UNTIL YOU REAPPLY AND ARE FOUND ELIGIBLE FOR TANF/TANF-UP <input type="checkbox"/> VIEW SANCTION - YOUR HOUSEHOLD'S ENTIRE TANF OR TANF-UP BENEFITS WILL BE SUSPENDED FOR THE ABOVE REASON. <input type="checkbox"/> 1 <sup>ST</sup> SANCTION - 1 MONTH OR COMPLIANCE <input type="checkbox"/> 2 <sup>ND</sup> SANCTION - 3 MONTHS AND COMPLIANCE <input type="checkbox"/> 3 <sup>RD</sup> SANCTION - 6 MONTHS AND COMPLIANCE <b>YOU HAVE 10 DAYS AFTER THE DATE OF THIS NOTICE TO CONTACT YOUR VIEW WORKER TO SHOW DOCUMENTED GOOD CAUSE.</b>			
VIEW WORKER'S NAME		TELEPHONE:	
<input type="checkbox"/> WHILE YOUR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PAYMENT IS SUSPENDED, ANY SUPPORT PAID TO THE DIVISION OF CHILD SUPPORT ENFORCEMENT FOR YOU OR YOUR DEPENDENTS WILL BE KEPT BY THE STATE TO REPAY THE PAST TANF ASSISTANCE RECEIVED BY YOUR FAMILY. IF YOUR TANF DEBT HAS BEEN FULLY REPAID, YOU WILL RECEIVE THE SUPPORT COLLECTED. <input type="checkbox"/> IF THERE IS SOMEONE WHO IS SUPPOSED TO PAY SUPPORT FOR YOU OR YOUR DEPENDENTS, YOU WILL CONTINUE TO RECEIVE SUPPORT ENFORCEMENT SERVICES UNLESS YOU SEND WRITTEN NOTICE THAT YOU DO NOT WANT THIS SERVICE TO THE DIVISION OF CHILD SUPPORT ENFORCEMENT. YOU CAN OBTAIN THEIR ADDRESS AND TELEPHONE NUMBER FROM YOUR LOCAL SOCIAL SERVICES AGENCY.			

<input type="checkbox"/> <b>MEDICAID, FAMIS PLUS OR STATE/LOCAL HOSPITALIZATION (SLH)</b>			
<input type="checkbox"/> NO LONGER ELIGIBLE FOR FULL MEDICAID. APPROVED FOR LIMITED MEDICAID COVERAGE: QMB _____ SLMB _____ QI1 _____			
<input type="checkbox"/> NO LONGER ELIGIBLE FOR MEDICAID. <input type="checkbox"/> NO LONGER ELIGIBLE FOR FAMIS PLUS. <input type="checkbox"/> NO LONGER ELIGIBLE FOR SLH.			
<input type="checkbox"/> NO LONGER ELIGIBLE FOR PAYMENT OF LONG-TERM CARE BECAUSE OF TRANSFER OF ASSETS.			
EFFECTIVE DATE	MANUAL REFERENCE:	ELIGIBILITY WORKER:	TELEPHONE:
INELIGIBLE FAMILY MEMBERS:			
REASON FOR PROPOSED ACTION:			
<input type="checkbox"/> INCOME EXCEEDS THE FULL MEDICAID LIMIT. IF MEDICAL OR DENTAL EXPENSES OF \$ _____ ARE INCURRED BETWEEN _____ AND _____ OR MEDICAL OR DENTAL EXPENSES OF \$ _____ ARE INCURRED BETWEEN _____ AND _____, BRING YOUR BILLS TO THIS AGENCY AND YOUR ELIGIBILITY WILL BE REVIEWED. <input type="checkbox"/> OTHER: _____			

IF YOU DISAGREE WITH THE PROPOSED ACTION, YOU MAY WRITE OR CALL YOUR WORKER AND ASK FOR A CONFERENCE, OR YOU MAY REQUEST IN WRITING A FAIR HEARING TO APPEAL THE ACTION. FOOD STAMP AND TANF ACTIONS MAY ALSO BE APPEALED ORALLY. AT THE HEARING, YOU WILL HAVE A CHANCE TO EXPLAIN WHY YOU THINK WE MADE A MISTAKE AND A HEARINGS OFFICER OR APPROPRIATE AUTHORITY WILL DECIDE IF YOU ARE RIGHT.

IF YOU APPEAL THE PROPOSED ACTION ON YOUR GENERAL RELIEF, AUXILIARY GRANT, OR FOOD STAMP CASE BEFORE \_\_\_\_\_, ASSISTANCE MAY CONTINUE. IF YOU APPEAL THE PROPOSED ACTION ON YOUR TANF, REFUGEE ASSISTANCE, MEDICAID, FAMIS PLUS OR SLH CASE BEFORE \_\_\_\_\_, ASSISTANCE MAY CONTINUE. IF THE HEARING DECISION SUPPORTS THE ACTION BEING PROPOSED BY THE AGENCY, YOU MAY HAVE TO REPAY ASSISTANCE YOU RECEIVED DURING THE APPEAL PROCESS. YOU MAY WAIVE YOUR RIGHT TO CONTINUED ASSISTANCE BY SUBMITTING A WRITTEN STATEMENT TO YOUR ELIGIBILITY WORKER INDICATING YOUR DESIRE TO REFUSE SUCH ASSISTANCE. AN APPEAL CAN BE FILED FOR GENERAL RELIEF AND AUXILIARY GRANT CASES FOR UP TO 30 DAYS AFTER RECEIPT OF THIS NOTICE AND FOR FOOD STAMPS FOR UP TO 90 DAYS. FOR TANF, REFUGEE ASSISTANCE, MEDICAID, FAMIS PLUS OR SLH, AN APPEAL CAN BE FILED FOR UP TO 30 DAYS AFTER RECEIPT OF THIS NOTICE IF THE PROPOSED ACTION IS EFFECTIVE WITHIN THE NEXT 30 DAYS. IF THE PROPOSED ACTION IS EFFECTIVE MORE THAN 30 DAYS FOLLOWING RECEIPT OF THIS NOTICE, AN APPEAL MAY BE FILED UNTIL THE EFFECTIVE DATE.

**NOTE: FOR ADDITIONAL INFORMATION ABOUT APPEALS AND FAIR HEARINGS, REFER TO THE BACK OF THIS FORM.**



## APPEALS AND FAIR HEARINGS

SEND WRITTEN APPEALS TO THE ADDRESSES BELOW. YOU MAY ALSO FILE A FOOD STAMP OR TANF APPEAL ORALLY BY CALLING YOUR LOCAL AGENCY OR DIALING TOLL FREE 1-800-552-3431.

FINANCIAL ASSISTANCE  
AND FOOD STAMP  
APPEALS SHOULD BE  
SENT TO:

HEARINGS AND LEGAL SERVICES MANAGER  
VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
7 NORTH EIGHTH STREET  
RICHMOND, VA 23219-3301

MEDICAID, FAMIS PLUS,  
AND SLH APPEALS  
SHOULD BE SENT TO:

CLIENT APPEAL DIVISION  
DEPARTMENT OF MEDICAL  
ASSISTANCE SERVICES  
600 EAST BROAD STREET,  
SUITE 1300  
RICHMOND, VA 23219

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice, you may contact your local legal aid office.

A fair hearing provides you the opportunity to review the way a local social services agency has handled your situation concerning your stated need for financial assistance, Medicaid, FAMIS Plus, SLH, and/or food stamps. The fair hearing is a private, informal meeting at the local social services agency with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearings officer is the official representative of the State Department of Social Services or the Department of Medical Assistance Services.

In addition to filing an appeal, you have the right to request a conference with your local social services agency, at which time the agency must give you an explanation of its proposed action. You must also be given the opportunity to say why you disagree with the agency's proposed action. At the conference, you have the right to have your story presented by an authorized representative, such as a friend, relative or lawyer.

If you request the conference within 10 days of receipt of your Advance Notice of Proposed Action to decrease, suspend or terminate your services, financial assistance or food stamps, the proposed action will not be taken until a decision is made at your conference.

If you are not satisfied with the local social services agency's action following the conference, and you want to request that your financial assistance be continued as usual until a hearing decision is received, you must file an appeal within two days following the date of the conference. You must request the appeal within 10 days of the conference date for Food Stamps. If you do not request a conference but file your appeal within 10 days of your advance notice of action to reduce, suspend, or terminate your services, financial assistance or food stamps, your benefits may be continued until a hearing decision is reached. If you appeal the proposed action on your TANF, Refugee Assistance, Medicaid or FAMIS Plus case prior to the reduction, suspension, or termination effective date, you may also receive continued assistance. However, if the agency action is upheld, you will be required to repay assistance received during the appeal process.

If you request an appeal concerning food stamps, the local social services agency must offer you a conference after your appeal is filed.

The person who conducts the hearing is someone from the State Department of Social Services or the Department of Medical Assistance Services, not someone from your local social services agency. The hearings officer makes a decision on your appeal.

You will be notified of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your service or eligibility worker immediately. If you need transportation, the local agency will provide it. You may bring a representative and/or witnesses to the hearing to help you tell your story. Your service or eligibility worker, a local agency supervisor and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

- (1) Examine all documents and records that are used at the hearing;
- (2) Present your case or have it presented by a lawyer or by another authorized representative;
- (3) Bring witnesses;
- (4) Establish pertinent facts and advance arguments; and
- (5) Question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The decision of the hearings officer shall be based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the local social services agency would be given the opportunity to question or refute this additional information.

You will be notified in writing of the hearings officer's decision on your appeal within 60 days of the date your appeal request is received by the State Department of Social Services. If the decision is based on a Medicaid, FAMIS Plus or SLH appeal, you will be notified in writing within 90 days of the date your appeal is received by the Department of Medical Assistance Services.



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ADVANCE NOTICE OF PROPOSED ACTION

FORM NUMBER - 032-03-018

PURPOSE OF FORM - (1) To notify a household of a reduction, termination or suspension of benefits which occurs within the certification period; and, (2) to advise the household of its right to a local agency conference and its right of appeal to the State agency.

USE OF FORM - (1) To be prepared immediately following the decision of the local agency that the above action is indicated; and, (2) to be mailed to the recipient immediately or as soon as possible after such decision.

This form may be used to advise recipients of simultaneous decreases or terminations in more than one program. Mandates for joint use in Public Assistance and Food Stamps are contained in Part XIV.A.3. of this manual and in Section 401.4 of the AFDC Manual.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The original is to be issued to the head of the household. One (1) copy is to be retained in the food stamp case file and one (1) copy is to be placed in another program file, if appropriate.

INSTRUCTIONS FOR PREPARATION OF FORM - Enter the appropriate identifying information at the top of the form. The name and mailing address of the recipient are to be inserted in the space at the top of the form, spaced in such a way that a window envelope can be used for mailing. Enter all the case numbers and categories related to the proposed action.

For each program section, enter, as appropriate:

- a. Action Type
- b. Reason for Proposed Action
- c. Manual Reference
- d. Worker's Name and Telephone Number
- e. Amount of Reduction - Enter the former and new assistance or allotment amounts.
- f. Effective Date - Enter the date of the proposed action. This date must be at least 11 days after the date the form is mailed.

TRANSMITTAL #95-2



Examples

- (1) An Advance Notice of Proposed Action is mailed on October 15; the effective date of proposed action would be November 1.
- (2) An Advance Notice of Proposed Action is mailed on October 25; the effective date, if check is issued the first of each month, would be December 1.

MEDICAID SECTION -

- a. When it is established that a recipient, or any member of a recipient's family unit, is ineligible for Medicaid, for reasons other than income in excess of the established amount:
  - 1) Enter the effective date of the proposed action.
  - 2) Ineligible Members - Enter the names of all ineligible individuals.
- b. When it is established that an otherwise eligible recipient, or family unit, is ineligible due to income in excess of the established amount:
  - 1) Enter the amount of the excess income which must be spent or incurred in medical expenses before eligibility can be established.
  - 2) Enter the date which identifies the end of the appropriate six-month spend down which begins the first day of the month of termination.

APPEALS -

- a. For Food Stamp and Financial Services actions, enter the date that is 11 days after the date of mailing to indicate the date before which a timely appeal can be filed.

For Medicaid actions, enter the effective date of the proposed action to indicate the date before which a timely appeal can be filed.
- b. Enter the effective date of the proposed action.
- c. Enter the address of the local agency, the date of mailing, and the telephone number of the local legal aid representative, if any.



VIRGINIA DEPARTMENT  
OF SOCIAL SERVICES

NOTICE OF EXPIRATION

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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

FOOD STAMP PROGRAM  
NOTICE OF EXPIRATION

TO: [

FOOD STAMP CASE NUMBER
COUNTY / CITY
DEPARTMENT OF SOCIAL SERVICES
ADDRESS
CITY, STATE, ZIP
TELEPHONE NUMBER

YOUR FOOD STAMP CERTIFICATION WILL END ON (MO., DAY, YR.)

In order to receive uninterrupted benefits after your current certification ends, you must file a new application by \_\_\_\_\_

(Mo./Day/Yr.) and be found eligible based on the information given for this application. The application may be completed during the interview in our office. You may also request an application form to complete yourself or have it completed for you prior to your interview. The application must contain a name, address and signature. An interview in our office is required. (If this is impossible, please call and we will make special arrangements for you.) We can only begin processing your request for continued certification when you come in for your interview or we receive your application form. The application form may be filed in person, by mail, by fax, or by your authorized representative at the address given above or below. If you fail to come in for your interview or file an application by the specified date, you cannot be assured of continued participation without interruption.

We have arranged an appointment for an interview on \_\_\_\_\_ at the address above, unless an alternate address is listed below. If you miss this or any interview scheduled by the local social services agency for your food stamp application, it will be your responsibility to reschedule it. It will also be necessary for you to provide your eligibility worker with proof of your income and expenses and other information if requested in order to receive uninterrupted benefits.

If you do not agree with the action taken on your application, you have the right of appeal. If you decide to appeal, you must do so within ninety days after being informed of this department's decision. You may get an appeal form from this department or from the State Department of Social Services, 730 East Broad Street, Richmond, VA 23219-1849, or you may file your appeal by calling toll free 1-800-552-3431.

If all members of your household are now receiving Supplemental Security Income (SSI) or plan to apply for SSI, you may reapply for food stamps at the social security (SSA) office instead of filing your application at the local social services department. If you choose to do this, the social security office must also receive your application by the date indicated above. SSA will send the application on to the food stamp office for recertification processing.

The Virginia Department of Social Services is an equal opportunity provider.

ALTERNATE AGENCY ADDRESS:  
SIGNATURE OF ELIGIBILITY WORKER

DATE

☐ MAILED  
☐ GIVEN



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NOTICE OF EXPIRATION

FORM NUMBER - 032-12-157 (Manual version 032-03-157)

PURPOSE OF FORM - To advise the household (1) that its certification period is about to expire; and, (2) that a new application is necessary to establish further entitlement.

USE OF FORM - Households approved in the last month of their certification period, i.e., households certified retroactive to a previous month(s), must have the expiration notices at the time of certification. All other households must have the expiration notices no later than the last day of the next to the last month of the current certification period, but not earlier than the first day of the next to the last month of the current certification period. When the agency mails the Notice of Expiration, allow two days for delivery in addition to the postmark date. The Notice of Expiration will run on the 8<sup>th</sup> of the month. If the 8<sup>th</sup> is on a weekend or holiday, the Notice of Expiration will run on the last working day before the weekend or holiday.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The agency must give or mail the original Notice of Expiration to the head of the household. One (1) copy remains in the case file.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete all blanks.

Below the agency's address enter the date the certification period will end, which is the last day of the last month of certification, in the space provided. Enter an alternate address for the agency at the bottom of the form, if appropriate.

Enter the date by which the household must file an application for recertification. For households approved in the last month of their certification period, this will be 15 calendar days from the date the notice will be received. (Allow two days for mailing in addition to the postmark date.) For all other households, this will be the 15th calendar day of the last month of certification.

Indicate whether the agency mailed or gave the form to the recipient on the date indicated.

Enter information regarding an interview date and time.



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES**CHANGE REPORT**

CASE NAME	CASE NUMBER
WORKER NAME	LOCALITY
AGENCY TELEPHONE NUMBER	

Use this form or call your worker to report changes listed below for your Food Stamps or Temporary Assistance for Needy Families (TANF) case.

Report changes within 10 days of the day they occur; but at the latest, you have until the 10<sup>th</sup> day of the following month to report the change.

Note: If you have a Medicaid case, you must report **all** changes to your Medicaid worker within 10 days.

**ADDRESS CHANGE**

New Address (Street, Apt. Number)	City, State Zip	Telephone
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**GROSS INCOME FOR YOUR HOUSEHOLD GOES OVER THE LIMIT BELOW**

Number of People in your Household	Monthly	Weekly	Every 2 weeks	Twice a month
1	\$1,037	\$241.16	\$ 482.32	\$ 518.50
2	1,390	323.25	646.51	695.00
3	1,744	405.58	811.16	872.00
4	2,097	487.67	975.34	1,048.50
5	2,450	569.76	1,139.53	1,225.00
6	2,803	651.86	1,303.72	1,401.50
7	3,156	733.95	1,467.90	1,578.00
8	3,509	816.04	1,632.09	1,754.50
For each additional member add	+ \$354	+ \$82.32	+ \$164.65	+ \$177.00

These amounts are good through 9/30/06.

Add gross income for all the people in your household.      New income total \$ \_\_\_\_\_

**THE NUMBER OF WORK HOURS IN A WEEK GOES UNDER 20 FOR MEMBERS WHO  
ARE 18-50 IF THERE ARE NO CHILDREN IN THE HOUSE**

NAME	NUMBER OF HOURS	WHERE WORKING
------	-----------------	---------------

**IF YOU RECEIVE TANF, TELL US IF AN ELIGIBLE CHILD LEAVES YOUR HOME**

Name	Date moved out	Name	Date moved out
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**CHANGES THAT MAY AFFECT VIEW PARTICIPATION FOR TANF. DISCUSS WITH  
YOUR VIEW WORKER.**

Change that has occurred \_\_\_\_\_  
\_\_\_\_\_



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### CHANGES YOU MAY WANT TO REPORT

#### CHANGE IN SHELTER EXPENSES

Rent or Mortgage \$ per	Property Taxes \$ per	Homeowner's Insurance \$ per	Electricity \$ per
Gas \$ per	Oil \$ per	Kerosene, Coal, wood, etc. List and give amount	
Water/Sewer \$ per	Garbage \$ per	Telephone (Basic Service Only) \$ per	Installation Fees \$ per

#### CHANGE IN DAY CARE EXPENSES

Person paying for care	Person receiving care	Amount billed \$	How often?
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#### CHANGE IN MEDICAL EXPENSES FOR MEMBER WHO ARE 60 OR MORE OR DISABLED

Name	Type of expense	Amount billed \$

#### CHANGE IN LEGALLY OBLIGATED CHILD SUPPORT PAID TO ANOTHER HOUSEHOLD

Person paying support	Person receiving support	Amount legally obligated \$ per	Amount paid \$ per
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#### CHANGE IN THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD

Has ANYONE MOVED IN?

Name	Date moved in	Relationship to you	Social Security Number
Date of Birth		Race (not required)	Sex
U.S. Citizen Yes ( ) No ( )	If Alien, give alien number, date of entry	Last school grade completed	Currently in School? Yes ( ) No ( )

HAS ANYONE MOVED OUT?:

Name	Date moved out	Name	Date moved out
------	----------------	------	----------------

### HOW LONG DO YOU EXPECT THE CHANGE(S) TO CONTINUE

( ) YES ( ) NO Do you expect any of the change(s) you listed on this report to continue beyond this month? If YES, explain

I declare that all information I gave on this form is correct and complete to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Virginia Department of Social Services is an equal opportunity provider.



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CHANGE REPORT

FORM NUMBER - 032-03-051

PURPOSE OF FORM - To provide a recipient household with a method of reporting changes in circumstances.

USE OF FORM - Recipient households may use the form to report changes in circumstances. Households must report changes to the agency when they occur but no later than 10 days after the month of the change.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The agency must provide the Change Report to all households at the time of initial application and reapplication and at recertification if the income limits listed on the form have changed or if the household needs another form. The agency must also provide the Change Report form whenever the household returns a completed one **or reports a change in the household size.**

INSTRUCTIONS FOR PREPARATION OF FORM - The EW must complete information at the top of the form before providing the form to the household.



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
FOOD STAMP PROGRAM

## ENTITLEMENT TO RESTORATION OF LOST BENEFITS

€

Ⓔ

CASE NUMBER	
DATE	
LOCALITY	WORKER

€

Ⓔ

- ☐ YOU ARE ENTITLED TO A RESTORATION OF BENEFITS BECAUSE YOUR PRIOR ALLOTMENT WAS INCORRECTLY CALCULATED OR YOU WERE DENIED IMPROPERLY.

TOTAL AMOUNT OWED \$ \_\_\_\_\_ MONTH(S) RESTORATION COVERS \_\_\_\_\_

REASON \_\_\_\_\_

- ☐ IF THIS BLOCK IS CHECKED, YOU WERE OVERISSUED FOOD STAMPS, YOUR RESTORATION WAS REDUCED BY THE AMOUNT YOU WERE OVERISSUED.

AMOUNT YOU WERE OVERISSUED \$ \_\_\_\_\_ AMOUNT YOU ARE ENTITLED TO RECEIVE \$ \_\_\_\_\_

- ☐ YOUR REQUEST FOR RESTORATION OF BENEFITS, DATED \_\_\_\_\_ WAS DENIED DUE TO

IF YOU DO NOT AGREE WITH THIS DECISION, YOU CAN REQUEST A FAIR HEARING. AT THE HEARING, YOU WILL HAVE A CHANCE TO EXPLAIN WHY YOU THINK WE MADE A MISTAKE. A HEARING OFFICER WILL DECIDE IF YOU ARE RIGHT. TO REQUEST A FAIR HEARING, OR IF YOU WANT TO KNOW MORE ABOUT HOW A FAIR HEARING WORKS.. CALL YOUR WORKER AT THE NUMBER SHOWN BELOW, OR CALL TOLL FREE 1-800-552-3431, OR WRITE TO:

**HEARINGS AND LEGAL SERVICES MANAGER  
VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
730 EAST BROAD STREET  
RICHMOND, VIRGINIA 23219-1849**

**IF YOU WANT TO REQUEST A FAIR HEARING, YOU MUST DO SO WITHIN 90 DAYS FROM THE DATE OF THIS NOTICE.**

**FOR ADDITIONAL INFORMATION ABOUT APPEALS AND FAIR HEARINGS, PLEASE SEE THE BACK OF THIS NOTICE.**

ELIGIBILITY WORKER	TELEPHONE NUMBER	FOR FREE LEGAL ADVICE CALL
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032-03-153/10 (10/01)

CLIENT



## APPEALS AND FAIR HEARINGS

A fair hearing provides you opportunity to review the way a local social services agency has handled your situation concerning your stated need for food stamps. The fair hearing is a private, informal meeting at the local social services agency with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The hearing officer is the official representative of the State Department of Social Services.

In addition to filing an appeal, you have the right to request a conference with your local social services agency, at which time the agency must give you an explanation of its proposed action. You must also be given the opportunity to present any information on which your disagreement with the agency's proposed action is based. At such a conference, you have the right to have your story presented by an authorized representative, such as a friend, relative, or lawyer.

If you request the conference within 10 days of receipt of your advance notice of proposed action to decrease or terminate your food stamps, the proposed action will not be taken until a decision is made at your conference.

If you are not satisfied with the local social services agency's action following the conference, and you want to request that your food stamps be continued as usual until a hearing decision is received, you must file an appeal within two days following the date of the conference. If you do not request a conference but file your appeal within 10 days of your advance notice of action to decrease or terminate your food stamps, your benefits may be continued until a hearing decision is reached. However, if the agency action is upheld, you will be required to repay assistance received during the appeal process.

If you request an appeal concerning food stamps, the local social service agency must offer you a conference after your appeal is filed.

If you wish to request a hearing, follow the instructions on the front of this form.

The person who conducts the hearing is someone from the State Department of Social Services, not someone from your local social services agency. The hearing officer makes a decision on your appeal.

You will be notified of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call your service or eligibility worker immediately. If you need transportation, the local agency will provide it. You must bring a representative and/or witness to the hearing to help you tell your story. Your service or eligibility worker, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

- (1) examine all documents and records which are used at the hearing;
- (2) present your case or have it presented by a lawyer or by another authorized representative;
- (3) bring witnesses;
- (4) establish pertinent facts and advance arguments; and
- (5) question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The decision or recommendation of the hearings officer shall be based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the local social services agency would be given the opportunity to question or refute this additional information.

You will be notified in writing of the hearing officer's decision on your appeal within 60 days of the date your appeal request is received by the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency, consequently, if you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice you may contact your local legal aid office.



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ENTITLEMENT TO RESTORATION OF LOST BENEFITS

FORM NUMBER - 032-03-153

PURPOSE OF FORM - To notify a household of its entitlement to restoration of lost benefits.

USE OF FORM - To be completed at the time the local agency determines a household is entitled to restoration of lost benefits, or denies a request for restoration.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The original is sent to the household. The copy is to be retained in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM

Complete the identifying information at the top.

Check the first box to inform a household that it is entitled to a restoration. Complete the information requested on the form. If the restoration was offset against an amount which was previously overissued, check the small block in the second paragraph and complete the information requested.

Check the second box if the request for restoration is denied and complete the information requested.

Complete the information at the bottom of the form.

TRANSMITTAL #38



**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
FOOD STAMP PROGRAM  
REQUEST FOR VERIFICATION/MISSED INTERVIEW**

TO: 

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Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

In order to determine your eligibility for food stamps or your continued eligibility for food stamps, you must provide the following information or take the following actions:

\_\_\_\_\_ Proof of your address  
☐ Verification Form Attached

\_\_\_\_\_ Proof of who lives in your household and relationship

\_\_\_\_\_ Proof of your household's income  
☐ Verification Form Attached

\_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please take the requested action by \_\_\_\_\_ or we will close your food stamp case or deny your application.

\_\_\_\_\_ You missed the interview to discuss your food stamp application on \_\_\_\_\_.  
You must reschedule the interview or we will deny your application.

\_\_\_\_\_  
Eligibility Worker

\_\_\_\_\_  
Telephone number

Reminder: Be sure to report changes in your circumstances to the agency within 10 days.



Request for Verification/**Missed Interview**

FORM NUMBER - 032-03-385

PURPOSE OF FORM - To request a household provide clarification or verification of the household's circumstances or to notify the household of a missed scheduled interview.

USE OF FORM - The Eligibility Worker (EW) must complete the form to request clarification, verification, or action taken by an applying or participating household. The household must take the requested action within ten days. The EW must follow this form with an Advance Notice of Proposed Action or Notice of Action if the agency alters the household's eligibility or benefit level in response to the Request for Verification form.

**This form is not intended to amend the request for information or verification needed for an application. The EW should send a revised Checklist of Needed Verifications in this instance.**

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The agency must mail the form to the household and retain a copy of the completed form.

INSTRUCTIONS FOR PREPARATION OF FORM - The worker must complete the general case information and note the specific request for which the household is responsible for completing, including rescheduling an interview. The worker must also include the deadline for the submission of the information that is ten days after the mailing date. **The EW does not need to include a date at the bottom of the form if the household fails to attend a scheduled interview if this is the sole purpose for sending the household the notice.**



**Commonwealth of Virginia  
Department of Social Services  
REQUEST FOR ASSISTANCE  
--- ADAPT ---**

**GENERAL INFORMATION**

This Request for Assistance is the first part of the application process and protects your application date. You must also complete the second part of the application process by (1) having an interview, or (2) completing an Application for Benefits form, or another appropriate Medicaid application.

With this Request for Assistance, you can begin the application process for one or more of the following assistance programs. You can also use this Request to request a Medicaid resource assessment for long term care.

- Food Stamps
- Temporary Assistance for Needy Families (TANF)
- Medicaid Children's Health Insurance
- General Relief
- Emergency Assistance
- State and Local Hospitalization
- Refugee Cash Assistance
- Refugee Medical Assistance

**COMPLETE AND ACCURATE INFORMATION**

You must give complete, accurate, and truthful information. If you refuse to give needed information, your eligibility for assistance may not be able to be determined. Information regarding your race is not required, but if you decide not to give this information, your worker will complete that section. If you knowingly give false, incorrect or incomplete information, or fail to report changes, you could lose your benefits and be arrested, prosecuted, fined and/or imprisoned. If you knowingly give false, incorrect, or incomplete information in order to help some else receive benefits, you could be arrested and prosecuted for fraud. You must also provide required verifications.

**SPECIAL INFORMATION FOR FOOD STAMP APPLICANTS**

You can begin the application process for Food Stamps by completing this Request for Assistance or by completing only the information in the boxes below and providing at least your **name, address, and signature**. You must complete the rest of the application process before your eligibility can be determined.

You must also be interviewed. Under certain hardships, you can be interviewed by telephone. You may turn in this Request for Assistance before you are interviewed. This is important because if you are eligible for the month in which you apply, your food stamp amount will be based on the date you actually turn in your Request.

**EXPEDITED SERVICE FOR FOOD STAMPS**

Your household may qualify for Expedited Service and receive food stamps within 7 days if you are eligible and your gross monthly income is less than \$150 and liquid resources are \$100 or less, or your monthly shelter bills are higher than your household's gross monthly income plus your liquid resources; or your household is a migrant or seasonal farmworker household with little or no income and resources. **GIVE THE INFORMATION REQUESTED IN THE BOXES BELOW, SO YOUR ELIGIBILITY FOR EXPEDITED SERVICE CAN BE DETERMINED.**

Total money expected this month before deductions	\$ _____
Total cash, money in checking/savings accounts, CDs	\$ _____
Total rent or mortgage for this month	\$ _____
Total utility expenses for this month	\$ _____
Do no count amounts due for previous months. Count only the basic telephone service cost.	
Is anyone in your household a migrant or seasonal farmworker	YES ( ) NO ( )

NAME	DATE OF BIRTH
ADDRESS	SOCIAL SECURITY NUMBER
	TELEPHONE
SIGNATURE	DATE



# VERIFICATION AND USE OF INFORMATION

The information that you give may be matched against Federal, State, and local records including the Virginia Employment Commission and the Department of Motor Vehicles to determine if it is incorrect, accurate, and truthful. In addition, your Social Security Number (SSN) will be used to verify your identity, prevent receipt of benefits from more than one social service agency at the same time, and make required program changes.

The INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS) will also be used to verify information. This system uses your SSN to verify wages and salary, unemployment benefits, and unearned income by using records from the Internal Revenue Service and the Social Security Administration. The State Verification Exchange System (SVES) uses your SSN to verify your receipt of social security and Supplemental Security Income (SSI) benefits. It is also used to verify quarters of coverage under Social Security, if you are an alien. In addition, the U.S. Citizenship and Immigration Services (USCIS) will be used to verify the status of aliens. Any difference between the information you give and these records will be investigated. Information from these records may affect your eligibility and benefit amount. If a food stamp claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

## VIRGINIA SOCIAL SERVICES – BENEFIT PROGRAMS BOOKLET

This booklet contains information about the programs available at your local social services agency plus other very important information you should know, including your responsibilities. READ THIS BOOKLET CAREFULLY. Refer to the APPEALS Section if you have a complaint about an action taken on your case.

## COMPLETING THE REQUEST FOR ASSISTANCE

If you need help completing this Request for Assistance, a friend or relative or your eligibility worker can help you. If you are completing this Request for someone else, answer each question as if you were that person. If you need to change an answer or make a correction, write the correct information nearby and put your initials and date next to the change. If more than 6 people are living in your home and you need more space to list everyone, tell the agency you need extra pages.

# FILING A REQUEST FOR ASSISTANCE

You may turn in a partially completed Request for Assistance which contains at least your **name, address, and signature** (or the signature of your authorized representative), but you must complete the rest of the application process before your eligibility can be determined. For some programs, you must also be interviewed, but you may turn in your Request for Assistance before your interview.

You may return your Request for Assistance by mail, fax, or in person. If you return the form in person, you may turn it in any time during office hours the same day you contact your local social services agency. You have the right to file your Request for Assistance, even if it looks like you may not be eligible for benefits.

## Your Food Stamps Rights

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs and disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

## AGENCY USE ONLY EXPEDITED SERVICE DETERMINATION

Income less than \$150 and Resources \$100 or less	YES ( ) NO ( )
Income plus resources less than shelter bills	YES ( ) NO ( )

For migrants or seasonal farmworkers:

Resources \$100 or less, and in next 10 days  
\$25 or less is expected from new income:  
OR  
Resources \$100 or less, and no income  
is expected from a terminated source for the rest of  
this month or next month.  
YES ( ) NO ( )

EXPEDITE IF YES TO ANY OF THE ABOVE



Commonwealth of Virginia  
Department of Social Services  
REQUEST FOR ASSISTANCE  
ADAPT

AGENCY USE ONLY			
CASE NAME	CASE NUMBER(S)	PROGRAM(S)	REGISTRATION NUMBER
APPLICATION TYPE	LOCALITY	WORKER	CASELOAD NUMBER
DATE OF SERVICE REFERRAL		DATE RECEIVED	

APPLICANT'S NAME	C/O NAME	PHONE NUMBER	(HOME/MESSAGES)
RESIDENCE ADDRESS (INCLUDE CITY, STATE AND ZIP)	MAILING ADDRESS (IF DIFFERENT)	DIRECTIONS TO HOME	(WORK)

2. Check ( ) your household's primary language: ( ) English ( ) Spanish ( ) Cambodian ( ) Vietnamese ( ) Other \_\_\_\_\_  
 ( ) Kurdish ( ) Arabic ( ) Japanese ( ) German ( ) French ( ) Farsi  
 ( ) Somali ( ) Haitian-Creole ( ) Laoitian ( ) Chinese ( ) Korean

3. **LIST EVERYONE LIVING IN YOUR HOME**, even if you are not requesting assistance for that person. List yourself on the first line. If you are married, list your spouse on the second line. Then list everyone else. Provide the information requested for each person listed. Check ( ) type of assistance requested for each person. If no assistance is requested, check **NONE** for that person. A Social Security Number and an Alien Registration Number do not have to be provided for any individual for whom assistance is not being requested.

[illegible]

- \* **RACE:** (Not required) Use these codes to indicate RACE: 1 – White, 2 – Black or African American, 3 – American Indian or Alaska Native, 4 – Asian, 5 – Native Hawaiian or Pacific Islander, 6 – American Indian or Alaska Native and White, 7 – Asian and White, 8 – Black or African American and White, 9 – American Indian or Alaska Native and Black or African American, A – Asian and Black, B – Other
- \*\* **ETHNICITY:** (Not required) Use these codes to indicate ETHNICITY: 1 – Hispanic or Latino, 2 – Not Hispanic or Latino
4. List anyone from #3 above who is pregnant \_\_\_\_\_  
or who is disabled: \_\_\_\_\_
5. List anyone from #3 above who is requesting Medicaid who had medical treatment during the 3 months before this request: \_\_\_\_\_



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6. YES ( ) NO ( ) Have you or anyone for whom you are applying ever applied for or received or are currently receiving any benefits from a social services agency, including Food Stamps, AFDC, TANF, Medicaid Children's Health Insurance, General Relief, Auxiliary Grants, Foster Care, Adoption Assistance, Refugee Cash or Medical Assistance?

Person Who Applied for or Received Benefits	Under What Case Name	Type of Benefits Received
When	From What County or City of State	

7. YES ( ) NO ( ) Does anyone have any of the following emergencies? If YES, check (✓) the type of emergency and explain the cause.  
 ( ) Food ( ) Shelter ( ) Medical ( ) Clothing ( ) Other Emergency Cause: \_\_\_\_\_

8. YES ( ) NO ( ) Is there anything that you would like to talk about with a service worker? This could include concerns about your children, school problems, child care needs, family planning, family violence, referrals to other community organizations, or other problems or concerns. If YES, explain.

Explain:

--

**BY MY SIGNATURE BELOW I DECLARE, UNDER PENALTY OF PERJURY, THAT ALL OF THE FOLLOWING ARE TRUE:**

I understand:

- All of the information in the GENERAL INFORMATION Section on pages 1 and 2.
- If I give false, incorrect, or incomplete information, I may be breaking the law and could be prosecuted for perjury, larceny, or welfare fraud.
- If I helped someone else complete this form so as to get benefits he or she is not entitled to receive, I may be breaking the law and could be prosecuted.

I received the Benefit Programs Booklet YES ( ) NO ( ) **MEDICAID APPLICANTS:** I received the Virginia Medicaid Handbook YES ( ) NO ( )

All information I gave on this Request for Assistance is correct and complete to the best of my knowledge and belief. I authorize the release to this agency of all information necessary to determine my eligibility.

I filled in this Request for Assistance myself. YES ( ) NO ( ) If NO, it was read back to me when completed. YES ( ) NO ( )

APPLICANT <u>OR</u> AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK	DATE	WITNESS TO MARK <u>OR</u> INTERPRETER	DATE

COMPLETE THE BOX BELOW IF THIS REQUEST FOR ASSISTANCE WAS COMPLETED FOR THE APPLICANT BY SOMEONE ELSE:

APPLICANT <u>OR</u> AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK	DATE	ADDRESS
PHONE NUMBER (HOME) (WORK)		RELATIONSHIP TO APPLICANT



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REQUEST FOR ASSISTANCE

FORM NUMBER - 032-03-875

PURPOSE OF FORM - To indicate intent to apply for benefits by applicant.

USE OF FORM - To be completed by an applicant to begin the application process through the ADAPT system. The form completed with the applicant's name, address and signature will secure the application date regardless of the eventual date of completion of the interactive interview and signed Statement of Facts. The form will also allow an evaluation of entitlement to expedited service processing.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form must be retained in the case record with the appropriate Statement of Facts.

INSTRUCTIONS FOR PREPARATION OF FORM - General instructions appear of the form for completion.

If changes need to be made after the application is completed, the applicant should write the revised information near the original entry. The applicant must initial and date the changes. Except for agency-use sections, eligibility workers may not add to or write on a completed application.



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

**INTERIM REPORT FORM - REQUEST FOR ACTION**


Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

You were required to send in a completed Interim Report to this agency by the fifth (5<sup>th</sup>) of the month for your TANF and/or your food stamp case. Please note the information checked below.

( ) We have not received an Interim Report form from you. A copy of the Interim Report is attached. When you send it in, please make sure you answer every question, attach all the information the report asks for, and sign and date the report.

( ) The Interim Report form you submitted was incomplete. The form you submitted is attached. This form is incomplete because:

1. ( ) You did not answer every question. Please answer the following questions: \_\_\_\_\_

2. ( ) Proof of some of the statements made on your report was missing, and without the proof we are requesting, the amount of food stamps or TANF you receive may be decreased or your case will be closed. Please send in the following proof: \_\_\_\_\_

3. ( ) You did not sign and/or date the report. Please sign and date the report.

You must return a completed Interim Report and proof of any changes within ten (10) days, by \_\_\_\_\_. If you do not submit a completed report by this date, your Food Stamp or TANF case will close. **You will not receive an additional notice** unless the information you submit changes your benefits.

If you are unable to complete the Interim Report or if you have any questions about how to complete it or what information you need to send in, you may ask your local agency worker for help.

Worker	Telephone Number	For Free Legal Advice Call
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### APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for TANF or food stamps. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

#### How to File an Appeal

- Send a written request to the **Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 7 North Eighth Street, Richmond, Virginia 23219-3301**
- Call me at the number listed on the front
- Call **1-800-552-3431**

#### When to Appeal

- Within the next 30 days for TANF and within the next 90 days for food stamps.
- Within 10 days of the date on this form to get the food stamps continued.\*
- Before the effective date of the change to get the TANF benefits continued.\*

\*Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

#### Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency. During the conference, the agency must explain its proposed action. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

If you request the conference within 10 days of receiving of your notice to decrease or end your TANF or food stamps benefits, the proposed action will not take place until after there is a decision made for the conference.

If the conference does not satisfy you and you want to continue to receive your benefits until there is a hearing decision, you must file an appeal for TANF benefits within two days following the date of the conference and within 10 days of the conference date for food stamps. If you do not ask for a conference but you file an appeal within 10 days of the notice of action to reduce, suspend, or terminate your TANF or food stamps, you may continue to receive benefits until there is a hearing decision. If you appeal the proposed action on your TANF case before the reduction, suspension or termination effective date, you may also receive continued coverage. Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

#### Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.



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INTERIM REPORT FORM - REQUEST FOR ACTION

FORM NUMBER - 032-03-649

PURPOSE OF FORM - To notify a household of required actions it must take for submitting the Interim Report or any needed verifications.

USE OF FORM - The agency may use this form to tell households what action is needed to process the Interim Report to avoid closure of the case.

NUMBER OF COPIES - Two

DISPOSITION OF FORM - The agency must notify households when they fail to complete the Interim Report form or fail to submit needed verification or information. If the household fails to submit the Interim Report, the EW must include another copy of the Interim Report with this request for action. If the household files an incomplete form or fails to submit needed information, the EW must return the original Interim Report to the household along with this action form.

INSTRUCTIONS FOR PREPARATION OF FORM - The EW must complete identifying case and agency information at the top of the form. The EW must complete the action required of the household and include a date for submitting the form or information/verification. The EW must sign and date the form and include a telephone number for legal assistance.



Commonwealth of Virginia  
Department of Social Services

**PERMANENT VERIFICATION LOG**

Case Name	Case Number	FIPS	EW	Date
Secondary Case Name	Secondary Case Number			

DOCUMENT METHODS AND DATES OF VERIFICATION REQUIRED BY PROGRAM(S) BEING EVALUATED.

1. MEMBER INFORMATION

	MBR #	LAST	NAME FIRST	MI	SOCIAL SECURITY NUMBER (# of APP mm/dd/yy)	DATE OF BIRTH	CITIZENSHIP/ ALIEN STATUS	RELATIONSHIP
1					VFN:	VFN:	VFN:	VFN:
2					VFN:	VFN:	VFN:	VFN:
3					VFN:	VFN:	VFN:	VFN:
4					VFN:	VFN:	VFN:	VFN:
5					VFN:	VFN:	VFN:	VFN:
6					VFN:	VFN:	VFN:	VFN:
7					VFN:	VFN:	VFN:	VFN:
8					VFN:	VFN:	VFN:	VFN:

INDICATE ANY CHANGES TO THE ABOVE INFORMATION AND DOCUMENT METHOD AND DATE OF VERIFICATION.



2. DOCUMENTS AND VERIFICATIONS (WHEN REQUIRED BY POLICY)

BIRTH RECORDS AND IMMUNIZATIONS

Name	Dob	Place Of Birth	Sex	Race
Mother's Maiden Name	Father's Name		BVS#/VFN	
Immunizations, Dates				

Name	DOB	Place Of Birth	Sex	Race
Mother's Maiden Name	Father's Name		BVS#/VFN	
Immunizations, Dates				

Name	DOB	Place Of Birth	Sex	Race
Mother's Maiden Name	Father's Name		BVS#/VFN	
Immunizations, Dates				

Name	DOB	Place Of Birth	Sex	Race
Mother's Maiden Name	Father's Name		BVS#/VFN	
Immunizations, Dates				

MARRIAGE RECORDS

Wife's Maiden Name		Husband's Name
Date of Marriage	Place	VFN

DIVORCE RECORDS

Husband		Wife
Date of Divorce	Place	VFN

DEATH RECORDS

Name of Deceased		
Date of Death	Place	VFN



PERMANENT VERIFICATION LOG

FORM NUMBER - 032-03-823A

PURPOSE OF FORM - To document verification of eligibility factors which are generally not subject to change.

USE OF FORM - To be completed, at initial certification, recertification or during the certification period, when a household has a circumstance requiring a one-time-only verification or a change requiring verification.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form is to be kept in the case record. If additional space is needed, use an additional form.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form.

Complete the elements required for the Food Stamp Program. If an element does not apply, leave the element blank. Document the method and date of verification for each element required.

Document changes to previously verified information and document the method and date of verification for the change.



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF BENEFIT PROGRAMS

CASE NUMBER

NON-RECEIPT AFFIDAVIT/EBT CARD REPLACEMENT REQUEST

FS CASE NAME	DATE	LOCALITY
ADDRESS	CITY, STATE, ZIP	

<p>CHECK (✓) THE BOX BELOW WHICH DESCRIBES THE REPLACEMENT REASON:</p> <p><input type="checkbox"/> Non receipt of authorization to participate (EBT) card</p> <p><input type="checkbox"/> EBT card destroyed/stolen</p> <p><input type="checkbox"/> Food destroyed in a household disaster</p>	<p>How was the EBT card of food destroyed or damaged?</p>
<p>Value of destroyed food</p>	<p>If the EBT card was stolen, have you filed a police report?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Where filed? _____</p> <p>Date: _____</p>

I hereby certify, under penalty of perjury and/or fraud, that the household listed above has not received its electronic benefits transfer (EBT) card or has experienced the destruction of food, the destruction of the EBT card, or has experienced the theft of an EBT card in the month of \_\_\_\_\_, (year)

\_\_\_\_\_

Signature

Date

The Virginia Department of Social Services is an equal opportunity provider.



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NON-RECEIPT AFFIDAVIT/EBT Card Replacement Request

FORM NUMBER - 032-03-388

PURPOSE AND USE OF FORM - This form will allow the local agency to assess the reason for a replacement of an EBT card or determine the value of food destroyed. Depending on the reason for the loss, the local agency may credit the card replacement fee back to the household's EBT account or provide additional food stamp benefits to cover the value of food destroyed.

USE OF FORM - The local agency must provide the affidavit to households that request the form or who request a credit of the card replacement fee. The agency must provide the form to households that report the loss or destruction of the EBT card due to a reason for which the local agency may credit the card replacement fee. The agency must also provide the form to households that report a household disaster that resulted in the loss of food purchased with food stamp benefits.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The local agency must provide a copy of the completed form to the household and file a copy in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Local agency staff should complete the identifying case information at the top of the form. A household member or an authorized representative must complete or provide information for the bottom section regarding the replacement of the EBT card or food destroyed. A household member must sign and date the form.



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF BENEFIT PROGRAMS

INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION

TO: \_\_\_\_\_ Vault Card Issuance Unit \_\_\_\_\_ EBT Administrative Terminal Personnel Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FROM Eligibility Worker/Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

RE: Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

I. ☐ Authorization for a Vault EBT Card

Vault card reason: (1) \_\_\_\_ Timely processing (2) \_\_\_\_ Household emergency (3) \_\_\_\_ Agency determination

Case Name Social Security Number \_\_\_\_\_ Case Name Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Issue a vault card to Authorized Representative \_\_\_\_\_

Address of vault card recipient: \_\_\_\_\_

II. ☐ Authorization for crediting the card replacement fee to the household's account

Reason: ☐ Household disaster: ☐ Lost in the mail ☐ Household Violence  
☐ Improperly manufactured ☐ Reapplication, no card ☐ Cardholder name changed

III. ☐ Administrative error – Debit account for \$ \_\_\_\_\_

IV. ☐ Reactivate dormant EBT account.

V. ☐ Repay FS Claim of \$ \_\_\_\_\_ from ☐ Active ☐ Dormant/expunged account

Issuance/Administrative Unit Use

I. EBT Vault Card Number: \_\_\_\_\_ Card destroyed on \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of identification seen:

☐ Driver's License ☐ Rent/Utility Bill/Receipt ☐ School ID Card ☐ Work ID Card  
☐ Library Card ☐ Social Security Card ☐ Other \_\_\_\_\_

I acknowledge that I received my EBT card or that I received the card on behalf of another household. I understand that I need to select a Personal Identification Number to use my benefits.

\_\_\_\_\_  
Cardholder's Signature Date

☐ Cardholder failed to pick up vault card. ☐ Card destroyed ☐ Vault card not prepared

II. Replacement fee credited on \_\_\_\_/\_\_\_\_/\_\_\_\_.

III. EBT account debited for \$ \_\_\_\_\_ for an administrative error on \_\_\_\_/\_\_\_\_/\_\_\_\_.

IV. EBT account reactivated on \_\_\_\_/\_\_\_\_/\_\_\_\_.

V. Repaid \$ \_\_\_\_\_ to FS Claim on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Completed by \_\_\_\_\_  
Issuance/Administrative Worker Date



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Internal Action and Vault EBT Card Authorization

FORM NUMBER - 032-03-387

PURPOSE OF FORM - The Eligibility Unit will use this form to communicate with the Issuance or Administrative Unit in the local agency.

USE OF FORM - The EW must complete the top portion of the form to authorize the Issuance Unit to prepare and issue a vault card to an eligible household **or authorized representative**. The Eligibility Supervisor must complete the top portion of the form to authorize the Issuance or Administrative Supervisor, as designated by the agency, to credit the card replacement fee to a household's EBT account. The Issuance or Administrative Unit must complete the bottom portion of the form to document the action taken. The primary cardholder **or authorized representative** must also sign the form to acknowledge receipt of the vault card. The agency must use the internal action form to document repayment of a claim with funds in an EBT account or to debit an account for an administrative error.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The Eligibility Worker or Supervisor must retain a copy of the form and forward the remaining copies to the Issuance or Administrative Unit for completion. The Issuance or Administrative Unit must retain a copy of the fully completed form and return the second copy to the Eligibility Unit. Upon receipt of the form, the Eligibility Worker or Supervisor must file the copy in the case file. The initial copy completed only by the Eligibility Unit may be discarded.

INSTRUCTIONS FOR PREPARATION OF FORM - The EW or Supervisor must complete the identifying case and unit information. The EW or Supervisor must complete the appropriate section of the top portion of the form to explain or authorize actions, including Section I to note why a vault card is necessary. **The EW must include the address of the person who will receive the vault card, either the primary cardholder or authorized representative, for entry in the EBT system. The EW may attach a copy of the AECASE or AECAS1 ADAPT screen, as appropriate, to avoid transcription errors.**

The Eligibility Supervisor must complete Section II to authorize crediting the card replacement fee back to the household's EBT account. The Eligibility Supervisor must also complete Section III to debit benefits from an account that were erroneously deposited as a result of an administrative error.



The EW or Supervisor may authorize the reactivation of a dormant account by completing Section IV. The Primary Cardholder may also contact the Issuance or Administrative Worker directly to request the reactivation of the account. The EW or supervisor may also authorize deducting funds from an account to repay a claim by completing Section V.

The Issuance Unit must promptly act to prepare a vault card for a household upon receipt of the form completed by the Eligibility Unit. The Issuance Worker must obtain and record identity verification before releasing the vault card and secure the signature of the **primary cardholder or authorized representative** on the form.

The completed form must remain with a prepared vault card until the cardholder comes to the agency. The Issuance Unit must destroy the card after five business days if the cardholder does not receive it or make additional arrangements to receive the card. The Issuance Worker must note the date of the destruction of the card on the form. If the agency opts to wait until the cardholder comes to pick up the vault card before preparing the card, the Issuance Unit must notify the EW if the cardholder fails to obtain the card within five business days after the initial authorization by the certification unit.

The supervisor of the Issuance or Administrative Unit, as determined by the agency, must complete the section to credit the card replacement fee back to the household's EBT account.

The Issuance or Administrative Worker or Supervisor must sign and date the form.



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

Locality: \_\_\_\_\_  
Case No.: \_\_\_\_\_  
Category: ☐ GR ☐ FS ☐ Other (Specify) \_\_\_\_\_

EMPLOYMENT SERVICES REGISTRATION FORM

SECTION I IDENTIFYING INFORMATION (this section is completed by the eligibility worker.)

REGISTRANTS NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

CASE NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SECTION II REGISTRATION (This section is completed by the person registering for Employment Services.)

- MANDATORY REGISTRANT: I have read the reverse of this form, have received the booklet explaining the program and have had the program explained to me. I understand that registration for the Employment Services Program is necessary in order to be eligible for assistance. I further understand that I or the person required to register may have to:
  - (a) seek jobs on my (their) own and in cooperation with the Employment Services staff.
  - (b) respond to agency requests; and
  - (c) participate in employment and training activities to which I am (they are) assigned.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- VOLUNTARY REGISTRANT: I understand that I am registering voluntarily for Employment Services and that I may withdraw at any time without any effect on my allotment. I understand that if I become a mandatory registrant, I must meet Employment Services requirements.

SECTION III - COMMENTS (This section is completed by the eligibility worker.)

Food Stamp Application approval date \_\_\_\_\_ Certification period from \_\_\_\_\_ to \_\_\_\_\_

Are benefits time limited or would they be time limited if the individual did not reside in a waived locality? Yes ( ) No ( )

Does registrant read and write English? Yes ( ) No ( ) Unknown ( )

Is registrant working part-time? Yes ( ) No ( ) Unknown ( )

Is registrant potentially eligible for unemployment benefits? Yes ( ) No ( ) Unknown ( )

Eligibility Worker Signature \_\_\_\_\_

Worker Number \_\_\_\_\_ Date \_\_\_\_\_

032-03-071/9 (7/99)

ELIGIBILITY UNIT

EMPLOYMENT SERVICE UNIT  
Date Referral Received



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## RIGHTS AND RESPONSIBILITIES FOR MANDATORY REGISTRANTS

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Registration for and participation in the Employment Services Program is a condition of your eligibility to receive assistance.

This means that:

### APPLICANTS FOR FOOD STAMPS

If you are applying for Food Stamps and you fail to register for Employment Services, you will be denied benefits for yourself. Your household may also be ineligible until registration occurs.

### RECIPIENTS

#### GENERAL RELIEF

If you are a recipient of General Relief and you fail, without good cause to participate, you will not be eligible for assistance.

#### FOOD STAMPS

If you are a recipient of Food Stamps and you fail, without good cause, to participate, you or your entire household will be sanctioned (disqualified) from Food Stamps for:

- one month, or until you comply, whichever is longer, for a first sanction,
- three months, or until you comply, whichever is longer, for a second sanction,
- six months, or until you comply, whichever is longer, for a third and any subsequent sanctions.

If you need help with child care or transportation in order to participate, you will receive such help or you will be excused from participating.

If your assistance is denied or reduced as a result of a determination that (1) you have not registered; or (2) you have failed, without good cause, to participate, you may request a hearing to determine if the agency acted properly. Good cause will exist if you are unable to participate in the program due to an event or change in circumstances outside of your control.

The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs.

**IF YOU HAVE ANY QUESTIONS ABOUT REGISTRATION, CONTACT YOUR ELIGIBILITY WORKER.**

**IF YOU HAVE ANY OTHER QUESTIONS ABOUT THE REQUIREMENTS OF THE EMPLOYMENT SERVICES PROGRAM, CONTACT YOUR EMPLOYMENT SERVICES WORKER.**



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EMPLOYMENT SERVICES REGISTRATION/REPORTING FORM

FORM NUMBER - 032-03-071

PURPOSE OF FORM - To be completed in order to meet the work registration requirements in Part VIII.A.

USE OF FORM - To be used in agencies which run an Employment and Training Program for food stamp recipients. The pamphlet, "FSET - Making the Right Moves", must be given to each registrant at the time of the registration.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The original is to be kept in the eligibility case record. The first copy is to be forwarded to the Employment Services Unit in the local agency within five days of certifying the household. The second copy is to be given to the applicant when the form is signed.

INSTRUCTIONS FOR PREPARATION OF FORM - The EW must complete the identifying information at the top of the form, Section I and Section III.

The information on the back of the form and before the signature line in Section II must be reviewed with the applicant at the time the form is signed. Only persons required to be registered will be referred so, the applicant must sign and date the form in the Mandatory Registrant section.

TRANSMITTAL #95-2



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
EMPLOYMENT SERVICES PROGRAMS  
COMMUNICATION FORM

REGISTRANT \_\_\_\_\_  
CASE NAME \_\_\_\_\_  
CASE NUMBER \_\_\_\_\_  
☐ FSET ☐ GR ☐ TANF ☐ TANF-UP

TO \_\_\_\_\_, EW  
FROM \_\_\_\_\_, ESW

Date \_\_\_\_\_  
Reply Needed By \_\_\_\_\_

☐ Reevaluation of non-exempt/mandatory status is requested  
because \_\_\_\_\_  
\_\_\_\_\_

☐ Individual has failed to comply with program requirements.  
Reason \_\_\_\_\_  
\_\_\_\_\_

☐ Volunteer no longer wishes to participate.  
☐ Individual will enter/entered employment on \_\_\_\_/\_\_\_\_/\_\_\_\_  
#Hours/week \_\_\_\_\_ Rate of pay \$ \_\_\_\_\_ Per \_\_\_\_\_  
Employer \_\_\_\_\_

☐ Good cause does not exist.  
☐ Notify ESW if aware of good cause reason.  
☐ Comparability exists.

☐ Please send verification of employment.  
☐ Individual will enter education or training activity  
on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Location \_\_\_\_\_

☐ Sanction for (check appropriate answer):  
\_\_\_\_ until notified of compliance \_\_\_\_ 3 months and compliance  
\_\_\_\_ 1 month and compliance \_\_\_\_ 6 months and compliance

☐ Individual will be a participant in work experience. Please  
provide the FS or GR dollar amount for the month of  
\_\_\_\_\_

☐ Please provide the dollar amount of reduction due to  
employment or sanction.  
☐ Please notify when sanctioned individual has been added  
back to FS unit.  
☐ Other \_\_\_\_\_  
\_\_\_\_\_

TO \_\_\_\_\_, ESW  
FROM \_\_\_\_\_, EW

Date \_\_\_\_\_  
Reply Needed By \_\_\_\_\_

☐ Result of reevaluation of non-exempt/mandatory status  
\_\_\_\_\_

☐ Effective with payment on \_\_\_\_/\_\_\_\_/\_\_\_\_, benefits  
will be reduced  
from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

☐ Non-exempt/mandatory individual now exempt.  
Reason \_\_\_\_\_

☐ Individual appealed sanction. Pre-hearing conference  
scheduled for \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_ (time).

☐ Volunteer no longer wishes to participate.  
☐ Individual will enter/entered employment on \_\_\_\_/\_\_\_\_/\_\_\_\_  
#Hours/week \_\_\_\_\_ Rate of pay \$ \_\_\_\_\_ Per \_\_\_\_\_  
Employer \_\_\_\_\_

☐ Sanction ended effective \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mandatory registrant has been added back to FS unit.

☐ Individual/household no longer eligible for FS or GR.  
Case closed due to: (check one)  
☐ Sanction-ANPA sent  
☐ Employment-Benefit reduction/savings information  
provided below  
☐ Other \_\_\_\_\_  
Effective Date \_\_\_\_\_

☐ Amount of FS allotment/GR payment for  
month of \_\_\_\_\_ was \$ \_\_\_\_\_

☐ Individual may be unable to participate in ESP/FSET  
program because \_\_\_\_\_  
\_\_\_\_\_

☐ Individual deleted from FS household due to: (check one)  
☐ Sanction, ANPA sent  
☐ Other \_\_\_\_\_  
Effective Date \_\_\_\_\_

☐ New certification period:  
from \_\_\_\_\_ to \_\_\_\_\_

☐ Individual can: ☐ Read English ☐ Write English  
☐ Other \_\_\_\_\_  
\_\_\_\_\_



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EMPLOYMENT SERVICES PROGRAMS COMMUNICATIONS FORM

FORM NUMBER - 032-02-072

PURPOSE OF FORM - To exchange information about ESP clients between the eligibility worker and the Employment Services worker.

USE OF FORM - To be originated by either the eligibility worker or the Employment Services worker at the time circumstances change, for the registrant, that require the exchange of information.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - This form is prepared in triplicate. Distribution of the top two copies is indicated on the form. The third copy remains attached to the copy being forwarded, in the event the receiving party uses the same form for reply.

INSTRUCTIONS FOR PREPARATION OF FORM

The name of the registrant, the case name, case number and program are to be entered in the upper right hand corner by the worker who originates the form.

The top half of the form is completed when messages must be communicated to eligibility staff from employment services staff. The employment services worker will check whichever block communicates the desired information or requests the desired information.

The bottom half of the form is completed when the eligibility staff is either returning the form to employment services with the requested information completed, or when the eligibility staff is communicating information to employment services. The eligibility worker will check whichever blocks are applicable to the situation.







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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
FOOD STAMP PROGRAM

**FOOD STAMP SANCTION NOTICE FOR NON-COMPLIANCE WITH A WORK REQUIREMENT**

  	  	CASE NUMBER	
		LOCALITY	
		WORKER	DATE

NAME: \_\_\_\_\_

- VOLUNTARILY AND WITHOUT GOOD CAUSE QUIT A JOB.
- VOLUNTARILY AND WITHOUT GOOD CAUSE REDUCED THE HOURS WORKED TO LESS THAN 30 HOURS PER WEEK.
- REFUSED OR FAILED TO COMPLY WITH THE FOLLOWING EMPLOYMENT PROGRAM REQUIREMENT:

**AS A RESULT, THE FOLLOWING SANCTION WILL BE APPLIED IN YOUR FOOD STAMP CASE.**

- THE PERSON NAMED ABOVE IS DISQUALIFIED AND WILL NOT BE ELIGIBLE TO RECEIVE FOOD STAMP BENEFITS FOR THE MONTHS OF \_\_\_\_\_. HOWEVER, IF THE PERSON REFUSED OR FAILED TO COMPLY WITH AN EMPLOYMENT PROGRAM REQUIREMENT, THE PERSON MUST COMPLY WITH THAT REQUIREMENT IN ORDER TO RECEIVE FOOD STAMP BENEFITS.
- YOUR HOUSEHOLD'S FOOD STAMP ALLOTMENT OF \$\_\_\_\_\_ WILL BE CHANGED TO \$\_\_\_\_\_ EFFECTIVE \_\_\_\_\_.
- YOUR ENTIRE HOUSEHOLD WILL NOT BE ELIGIBLE TO RECEIVE FOOD STAMP BENEFITS FOR THE MONTHS OF \_\_\_\_\_. HOWEVER, IF THE PERSON NAMED ABOVE REFUSED OR FAILED TO COMPLY WITH AN EMPLOYMENT PROGRAM REQUIREMENT, THE PERSON MUST COMPLY WITH THAT REQUIREMENT IN ORDER FOR YOUR HOUSEHOLD TO RECEIVE FOOD STAMP BENEFITS.

THE SANCTION INDICATED ABOVE CAN BE LIFTED BEFORE THE END OF THE SANCTION PERIOD IF YOUR HOUSEHOLD IS OTHERWISE ELIGIBLE AND THE PERSON NAMED ABOVE LEAVES THE HOUSEHOLD OR BECOMES EXEMPT FROM THE REQUIREMENT TO REGISTER FOR WORK.

IF YOU DO NOT AGREE WITH THE PROPOSED ACTION, YOU MAY WRITE OR CALL YOUR WORKER, WHOSE NAME, ADDRESS AND PHONE NUMBER APPEAR BELOW, AND ASK FOR A CONFERENCE OR, YOU CAN HAVE A FAIR HEARING ON YOUR CASE. AT THE HEARING YOU WILL HAVE A CHANCE TO EXPLAIN WHY YOU THINK WE MADE A MISTAKE, AND A HEARING OFFICER WILL DECIDE IF YOU ARE RIGHT. TO REQUEST A FAIR HEARING, JUST CALL OR WRITE YOUR WORKER, OR WRITE **TO THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES, 730 EAST BROAD STREET, RICHMOND, VIRGINIA 23219-1849, ATTENTION: HEARING AND LEGAL SERVICES MANAGER.** PLEASE SEE THE BACK OF THIS FORM FOR AN EXPLANATION OF HEARINGS.

YOU CAN ALSO REQUEST A FAIR HEARING BY CALLING TOLL FREE 1-800-552-3431. YOU MUST REQUEST YOUR FAIR HEARING WITHIN 90 DAYS. IF YOU APPEAL THE ACTION ON YOUR CASE BEFORE \_\_\_\_\_ ASSISTANCE MAY CONTINUE. HOWEVER, IF ASSISTANCE IS CONTINUED, YOU MAY HAVE TO REPAY BENEFITS YOU RECEIVED DURING THE APPEAL PROCESS IF THE HEARING DECISION SUPPORTS THE AGENCY ACTION.

Eligibility Worker:	Agency Address	Agency Phone
For Free Legal Advice Call:		This Number is a Local Legal Services Agency



## APPEALS AND FAIR HEARINGS

A fair hearing provides you opportunity to review the way a local social services agency has handled your situation concerning your stated need for food stamps. The fair hearing is a private, informal meeting at the local social services agency with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer.

In addition to filing an appeal, you have the right to request a conference with your local social services agency, at which time the agency must give you an explanation of its proposed action. You must also be given the opportunity to present any information on which your disagreement with the agency's proposed action is based. At this conference, you have the right to have your story presented by an authorized representative, such as a friend, relative, or lawyer.

If you request the conference within 10 days of receipt of your advance notice of proposed action to decrease or terminate your food stamps, the proposed action will not be taken until a decision is made at your conference.

If you are not satisfied with the local social services agency's action following the conference, and you want to request that your food stamps be continued as usual until a hearing decision is received, you must file an appeal within two days following the date of the conference. If you do not request a conference but file your appeal within 10 days of your advance notice of action to decrease or terminate your food stamps, your benefits may be continued until a hearing decision is reached. However, if the agency action is upheld, you will be required to repay benefits received during the appeal process.

If you wish to request a hearing, follow the instructions on the front of this form.

The person who conducts the hearing is someone from the State Department of Social Services, not someone from your local social services agency. The hearing officer makes a decision on your appeal.

You will be notified of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call your service or eligibility worker immediately. If you need transportation, the local agency will provide it. You may bring a representative and/or witness to the hearing to help you tell your story. Your eligibility worker, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

- (1) examine all documents and records which are used at the hearing;
- (2) present your case or have it presented by a lawyer or by another authorized representative;
- (3) bring witnesses;
- (4) establish pertinent facts and advance arguments; and
- (5) question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The decision or recommendation of the hearing officer shall be based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the local social services agency would be given the opportunity to question or refute this additional information.

You will be notified in writing of the hearing officer's decision on your appeal within 60 days of the date your appeal request is received by the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency; consequently, if you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice you may contact your local legal aid office.



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FOOD STAMP SANCTION NOTICE FOR NONCOMPLIANCE WITH A WORK REQUIREMENT

FORM NUMBER - 032-03-174

PURPOSE OF FORM - To inform households of reductions or terminations in their food stamp allotments due to sanctions for refusal or failure to comply with Employment Program requirements. The agency must also send this notice to notify households or individuals of the disqualification caused by quitting a job or reducing work without good cause.

USE OF FORM - The EW must complete this form after there is a decision to sanction an individual or household. NOTE: If there must be simultaneous sanctions in both TANF and food stamps for the household's failure to comply with a work requirement, the agency must complete a joint Advance Notice of Proposed Action (0320030018) instead of this form.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The original must be sent to the household. The copy must be retained in the Food Stamp case record.

INSTRUCTIONS FOR PREPARATION OF THE FORM

The agency must send this form for all employment program sanction situations, and findings of voluntary quit or work reduction, except for simultaneous TANF and food stamp sanctions as noted above. The agency must send the form even if the certification period is expiring or the household had previously been notified of adverse action for some other reason on another form.

Enter the appropriate identifying information at the top of the form.

Enter the name of the person who did not comply, and the requirement with which he/she did not comply. Obtain information from the Employment Service Worker for violations related to work registration other than failure to complete the registration form.

Check the appropriate entry to indicate if the entire household or if only an individual is to be sanctioned. List the months of the sanction, the reduction in benefits and the effective date, as appropriate.

Enter the date by which an appeal may be requested in order to continue benefits at the original amount. Enter the day that is 11 days after the date of mailing.

Complete the information at the bottom of the form.



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
FOOD STAMP PROGRAM

FOOD STAMP BENEFIT TRACKING SHEET

NAME	SOCIAL SECURITY NUMBER
CASE NAME	CASE NUMBER

36 MONTH BENEFIT PERIOD \_\_\_\_\_ - \_\_\_\_\_  
MMYY MMY

MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6	MONTH 7	MONTH 8	MONTH 9	MONTH 10	MONTH 11	MONTH 12
STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS

MONTH 13	MONTH 14	MONTH 15	MONTH 16	MONTH 17	MONTH 18	MONTH 19	MONTH 20	MONTH 21	MONTH 22	MONTH 23	MONTH 24
STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS

MONTH 25	MONTH 26	MONTH 27	MONTH 28	MONTH 29	MONTH 30	MONTH 31	MONTH 32	MONTH 33	MONTH 34	MONTH 35	MONTH 36
STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS

STATUS CODES

PM: Month with prorated benefits.  
Y1: Benefit received (1<sup>st</sup> 3 months).  
Y2: Benefit received (2<sup>nd</sup> 3 months) Must be consecutive.  
RE: Regained Eligibility.  
N : No benefit received.  
E1: Exempt. Working at least 20 hrs/wk.  
E2: Exempt. Participating in an approved work program.

E3: Exempt. Minor child in home  
E4: Exempt. Pregnant  
E5: Exempt. Medically certified as unable to work.  
E6: Exempt. Meets a work registration exemption.  
E7: Exempt. Locality exempted.  
E8: Exempt. Age.



FOOD STAMP BENEFIT TRACKING SHEET

FORM NUMBER - 032-03-920

PURPOSE OF FORM - **The agency may use this form** to track participation in the Food Stamp Program of each household member between the ages of 18 and 50, in order to limit participation to three months within a 36-month period or to accurately record exemptions to the Work Requirement accurately.

USE OF FORM - To be completed by the EW at certification and when changes are processed. **If the agency elects to use the form, the** EW must update the form retrospectively to record changes in exemptions and participation.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form must be retained in the case record. The form or the information contained on the form must be shared with other Virginia localities when individuals move from one locality to another.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the individual member's name and case information at the top of the form. List the 36-month period beginning with the first month of participation. For each month, record a code for each month of participation.



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**Commonwealth of Virginia  
Department of Social Services  
NOTICE OF INTENTIONAL PROGRAM VIOLATION**

Name and Address	Case Name
	Case Number
	Locality Date

An investigation of your ☐ Temporary Assistance for Needy Families (TANF) case, or ☐ Food Stamp case has recently been completed. We have reason to believe you intentionally violated a program rule because (may be continued on reverse):

We have the following evidence to support our case against you (may be continued on reverse):

Therefore, a request for an Administrative Disqualification Hearing for the purpose of proving the above allegation will be made. This hearing determines whether you or another person in your household should be disqualified from participation in the program(s) checked above.

You or your representative may look at the evidence at the local social services department by calling the number below to arrange a convenient time.

You have the right to an Administrative Disqualification Hearing prior to any action taken by the local Department of Social Services to disqualify you from receiving benefits. If you wish, you may waive your right to this hearing. By signing the attached waiver, you will be disqualified from receiving benefits for the period shown below whether or not you admit to the facts as presented.

Temporary Assistance for Needy Families (TANF)

☐ 6 months, 1st violation ☐ 12 months, 2nd violation ☐ permanently, 3rd violation

If you are not receiving TANF benefits now, you will be subject to the above disqualification penalty whenever you apply for TANF and are found eligible for TANF benefits again.

Food Stamps

☐ months, 1st violation ☐ months, 2nd violation ☐ permanently, 3rd violation  
☐ Other (Specify)

If you do not sign the attached waiver, an Administrative Disqualification Hearing will be held. If the hearing finds that you committed an Intentional Program Violation, you will be disqualified for the same period of time as shown above.

Neither signing the attached waiver nor holding the hearing shall prevent the State or Federal government from prosecuting you for an Intentional Program Violation in a criminal or civil court action, or from collecting the overpayment or overissuance. You have the right to remain silent concerning the allegations as anything said or signed by you could be used against you in a court of law.

Worker	Telephone	For Free Legal Advice Call
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NOTICE OF INTENTIONAL PROGRAM VIOLATION

FORM NUMBER - 032-03-721 This form and instructions are **available online at [www.localagency.dss.state.va.us/divisions/bp/forms.cgi](http://www.localagency.dss.state.va.us/divisions/bp/forms.cgi)**.

PURPOSE OF FORM - To advise a person that he/she is suspected of having committed an intentional program violation (IPV).

USE OF FORM - The worker must complete this form to advise a household that an IPV is suspected. The worker must send this form with the Waiver of Administrative Disqualification Hearing and the Administrative Disqualification Hearings pamphlet (032-01-961).

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The worker must send the original to the individual suspected of committing an IPV and keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Complete the form with appropriate information to note the program involved, the actions allegedly committed, the supporting evidence, and the length of the disqualification period. The back of the form may be used if additional space is needed for these explanations. Sign the form and complete the information at the bottom of the form.



**Commonwealth of Virginia  
Department of Social Services  
WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING**

Name and Address	Case Name	
	Case Number	
	Locality	Date

The Notice of Intentional Program Violation told you the local agency suspects you intentionally violated a program rule in the \_ Temporary Assistance for Needy Families (TANF) program, or \_ Food Stamp Program. The Notice listed the evidence against you.

Amount of TANF overpayment \$\_\_\_\_\_ Amount of Food Stamp overissuance \$\_\_\_\_\_

This form is a WAIVER of an administrative disqualification hearing.

**IF YOU CHOOSE TO SIGN THIS WAIVER**, you must indicate whether or not you admit to the facts as presented in the Notice of Intentional Program Violation. Please note: You do not have to admit to any of the allegations.

**IF YOU ARE NOT THE APPLICANT, THAT PERSON MUST ALSO SIGN THIS WAIVER.**

If you choose to sign this waiver, please return it by \_\_\_\_\_ to avoid scheduling a hearing. Please return the form to:

Agency Name and Address		
Worker	Telephone	For Free Legal Advice Call

**WAIVER**

Check one of the following statements:

\_\_\_\_\_ I admit to the facts as presented and understand that a disqualification penalty will be imposed and a reduction of benefits will occur if I sign this waiver.

\_\_\_\_\_ I do not admit that the facts presented are correct. However, I have chosen to sign this waiver and understand that a disqualification penalty and reduction of benefits will result.

Signature	Date
Signature of Applicant if Other Than You	Date



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WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING

FORM NUMBER - 032-03-722 This form and instructions are available online at [www.localagency.dss.state.va.us/divisions/bp/forms.cgi](http://www.localagency.dss.state.va.us/divisions/bp/forms.cgi).

PURPOSE OF FORM - To advise a household member suspected of having committed an intentional program violation (IPV) that the right to a hearing may be waived but the disqualification penalty will be imposed if the waiver is signed.

USE OF FORM - The local agency must complete the form and send it to determine if a waiver to the administrative disqualification hearing can be obtained before referring the case to the Hearing Authority. This form must be sent with the Notice of Intentional Program Violation.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The local agency must send the original to the individual suspected of committing an IPV and send a copy to **Fraud Management** if the waiver is signed. The agency must keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Enter the amount of the overpayment or overissuance for the program involved. Complete the form with the date by which the form must be returned if the waiver is to be activated. Enter a date that is 10 days after the mailing date.

If the right to the hearing is waived, the individual must complete the rest of the form and return it to the agency.

If a signed waiver is returned to the agency, a copy must be sent to **Fraud Management**.



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Commonwealth of Virginia  
Department of Social Services  
REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING

Case Name	Case Number	Locality
Member Suspected	TANF Violation (circle one) 1 2 3	
Address (include city, state, zip)	Period of IPV	
	Amount of Overpayment \$	
	Food Stamps Violation (circle one) 1 2 3	
	Period of IPV	
	Amount of Overissuance \$	

The suspected household member is alleged to have committed the following act(s) of intentional program violation:

We have the following evidence to support our case:

Copies of evidence to be presented at the hearing to prove the allegation are attached, including:  
1) Verification or documents to support the charge; 2) Any applications for Temporary Assistance for Needy Families or Food Stamps signed by the accused during the time in which the intentional program violation allegedly occurred.

Information in this referral is provided with the knowledge it will be used in reaching a decision on the allegations made in this referral, and will be made available to the accused individual or representative.

Submitted by	Title	Telephone	Date



REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING

FORM NUMBER - 032-03-725 This form and instructions are available online at [www.localagency.dss.state.va.us/divisions/bp/forms.cgi](http://www.localagency.dss.state.va.us/divisions/bp/forms.cgi).

PURPOSE OF FORM - To refer cases to the State Hearing Authority where an individual is suspected of having committed an intentional program violation.

USE OF FORM - The local agency worker must complete the form to provide information needed by the State Hearing Authority in order to initiate an administrative disqualification hearing. Mail the referral to:

Virginia Department of Social Services  
Hearings and Legal Services Manager  
7 North Eighth Street  
Richmond, VA 23219-3301

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The local agency must send the original and one copy to the Hearings Manager and keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the information requested at the top of the form. The Period of Intentional Program Violation (IPV) is the span of time over which the IPV occurred. This will often coincide with the dates over which a claim was established.

The "Amount of Overissuance" is the total amount of the claim which relates to the IPV. If the IPV was due to an act which did not result in an overissuance, for example, using food stamps to pay rent, or misrepresenting the household's income on an application that was subsequently denied, indicate "0" overissuance in this block.

Explain the intentional act alleged and the evidence the agency has to support its claim. Evidence listed here is to be made available to the individual and will be presented at the hearing. Confidential or other information restricted from the household cannot be the basis of the evidence to support the accusation of an IPV.

The agency director/superintendent or designee must sign the form.



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Commonwealth of Virginia  
Department of Social Services  
ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING

Name and Address	Case Name	
	Case Number	
	Locality	Date

The local social service department has recently completed an investigation of you \_\_\_\_\_  
Temporary Assistance to Needy Families (TANF) case, or \_\_\_\_\_ Food Stamp case.

The department believes you committed an intentional violation of a program rule because  
(continue on reverse, if necessary):

The department has the following evidence to support the case against you (continue on  
reverse, if necessary):

You or your representative may look at this evidence at the local social service department by  
calling your local worker to arrange a convenient time.

An Administrative Disqualification Hearing has been scheduled to examine the facts of your  
case. The hearing will be held at:

Time	Place
Date	

If the hearing officer finds you intentionally violated a program rule, you will be  
disqualified from receiving benefits for the period shown below (the items checked apply to  
you):

Temporary Assistance for Needy Families (TANF)

\_\_\_\_\_ 6 months, 1<sup>st</sup> violation \_\_\_\_\_ 12 months, 2<sup>nd</sup> violation \_\_\_\_\_ permanently, 3<sup>rd</sup> violation

If you are not receiving TANF benefits now, you will be subject to the above disqualification  
penalty whenever you apply for TANF and are found eligible for TANF benefits again.

\_\_\_\_\_ months, 1<sup>st</sup> violation \_\_\_\_\_ months, 2<sup>nd</sup> violation \_\_\_\_\_ permanently, 3<sup>rd</sup> violation  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

It is important that you or your representative be at the hearing. Otherwise, a decision will  
be based solely on information provided by the local social service department. If you are  
unable to attend the scheduled hearing, you must contact the local social service department  
at least 10 days in advance of the hearing date. If you or your representative fail to appear  
at a scheduled hearing, you must contact the local the local social service department within  
10 days after the date of the hearing and present good reason for your failure to appear in  
order to receive a new hearing. An explanation of the steps involved in a hearing is  
enclosed.

(continued on next page)



ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING

Even though this hearing is scheduled, this does not prevent the State or Federal Government from prosecuting you for an intentional violation of a program rule in a court of law or from collecting the overpayment or overissuance. If you have any questions or need the name and phone number of someone who can give you free legal advice, call the local social service office at: \_\_\_\_\_

Hearing Officer	Phone Number
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(Continuation of explanations from page 1, if necessary)

YOU HAVE THE RIGHT TO:

- Look at the evidence that will be used at the hearing both before and during the hearing. Please call the local social service department if you wish to look at the evidence before the hearing. The department will provide a free copy of the portions of your case file that relate to the hearing upon request.
- Present your own case or have someone present your case for you, such as a lawyer, friend, relative, or community worker.
- Bring your own witnesses.
- Argue your case freely.
- Question or deny any evidence or statements made against you.
- Bring any evidence you may have that would support your case.
- Remain silent concerning the charge(s) against you.



ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING

FORM NUMBER - 032-03-724 This form and instructions are **available online at [www.localagency.dss.state.va.us/divisions/bp/forms.cgi](http://www.localagency.dss.state.va.us/divisions/bp/forms.cgi)**.

PURPOSE OF FORM - To schedule an administrative disqualification hearing (ADH).

USE OF FORM - The hearing officer must complete the form to provide an individual with a notice in advance of an ADH. The form must be sent by first class mail or certified mail with return receipt requested, or may be provided by any other reliable method. The ADH pamphlet must be sent to the individual with the advance notice.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The hearing officer must send the original to the individual alleged to have committed an IPV and a copy to the local agency. The hearing officer must keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Information provided on the referral for the ADH will be used as the basis for the hearing.

Complete the form with the date, time and location of the hearing. Note the disqualification period for the IPV. Include other information as needed to complete the form.



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Commonwealth of Virginia  
Department of Social Services  
ADMINISTRATIVE DISQUALIFICATION HEARING DECISION

Name and Address	Case Name
	Case Number
	Locality

On the basis of evidence presented at the Administrative Disqualification Hearing held on \_\_\_\_\_, it has been determined that you:

\_\_\_ DID NOT COMMIT an intentional violation of a Temporary Assistance for Needy Families (TANF) or Food Stamp program rule.

\_\_\_ DID COMMIT an intentional violation of a Temporary Assistance for Needy Families (TANF) or Food Stamp program rule.

If you did commit an intentional program violation, the local agency will disqualify you from receiving benefits for the time shown below:

Temporary Assistance for Needy Families (TANF)

\_\_\_ 6 months, 1st violation \_\_\_ 12 months, 2nd violation \_\_\_ permanently, 3rd violation

If you are not receiving TANF benefits now, the period of disqualification will be postponed until such time as you apply for TANF benefits and are found eligible again.

Food Stamps

\_\_\_ months, 1st violation \_\_\_ months, 2nd violation \_\_\_ permanently, 3rd violation  
\_\_\_ Other (Specify)

The local agency is responsible for notifying you of the date the disqualification will take effect. Also, the local agency is responsible for notifying you of the effect the disqualification will have on the benefits to be received by any remaining household members.

This hearing decision does not prevent the local agency, State or Federal government from asking you to pay back the amount of any extra Temporary Assistance for Needy Families (TANF) benefits or Food Stamp benefits your household was not eligible to receive. The local agency is responsible for sending you a letter requesting repayment.

If you are not satisfied with the hearing decision, you can ask for a review of this decision by the Commissioner, Virginia Department of Social Services by sending a written request within 10 days of receipt of this notice to:

Virginia Department of Social Services  
Hearings and Legal Services Manager  
7 North Eighth Street  
Richmond, VA 23219-3301

Hearing Officer	Date
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032-03-723/8



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ADMINISTRATIVE DISQUALIFICATION HEARING DECISION

FORM NUMBER - 032-03-723 (This form and instructions are **available online at [www.localagency.dss.state.va.us/divisions/bp/forms.cgi](http://www.localagency.dss.state.va.us/divisions/bp/forms.cgi)**).

PURPOSE OF FORM - To advise the household member suspected of an intentional program violation (IPV) of the outcome of the Administrative Disqualification Hearing (ADH).

USE OF FORM - The hearing officer must complete the form to include the decision rendered.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The hearing officer must send the original to the household member and send a copy to the local agency. The hearings officer must keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information requested at the top of the form. Complete the form showing the date of the hearing and note whether an IPV was committed. If an IPV was determined, note the disqualification period for the program involved.



Commonwealth of Virginia  
Department of Social Services

NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION

Name and Address	Case Name	
	Case Number	
	Locality	Date

This notice is to inform you of the disqualification of a person from the \_\_\_ Temporary Assistance for Needy Families (TANF) program, or \_\_\_ Food Stamp Program.

\_\_\_\_\_ has been disqualified for the amount of time shown:

TANF \_\_\_ 6 months \_\_\_ 12 months \_\_\_ Permanently

Food Stamps \_\_\_ months \_\_\_ months \_\_\_ Permanently \_\_\_ Other (specify)

The reason for the disqualification is shown below:

\_\_\_ Court of appropriate jurisdiction found the person guilty of committing an intentional program violation of \_\_\_ TANF or \_\_\_ Food Stamp policy.

\_\_\_ An Administrative Disqualification Hearing found the person guilty of committing an intentional program violation of \_\_\_ TANF or \_\_\_ Food Stamp policy.

\_\_\_ The person waived his or her right to an Administrative Disqualification Hearing. The person had been informed that the disqualification penalty would be imposed.

The disqualification period will begin:

\_\_\_ From the TANF program, effective \_\_\_\_\_.

The TANF payment will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

\_\_\_ If this blank is checked, the disqualification will begin when the person next applies for and is found eligible for TANF.

\_\_\_ From the Food Stamp program, effective \_\_\_\_\_.

The Food Stamp allotment will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

Worker	Telephone	For Free Legal Advice Call
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NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION

FORM NUMBER - 032-03-052 (This form and instructions are **available online at [www.localagency.dss.state.va.us/divisions/bp/forms.cgi](http://www.localagency.dss.state.va.us/divisions/bp/forms.cgi)**).

PURPOSE OF FORM - To advise the household of a disqualification due to an intentional program violation.

USE OF FORM - The local agency worker must send this form to advise the household of the length, reason and starting date of a disqualification.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The local agency worker must send the original to the household and file a copy in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the form with information appropriate for the case and for the program involved. Enter the name of the individual who is to be disqualified.



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
FOOD STAMP PROGRAM  
**NOTICE OF ACTION AND EXPIRATION**

THIS IS TO INFORM YOU OF ACTION TAKEN ON YOUR FOOD STAMP APPLICATION OR CASE

CASE NUMBER
DATE
COUNTY/CITY

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☒

€

☒

SECTION 1. ACTION ON APPLICATION DATED \_\_\_\_\_

Approved for following months \_\_\_\_\_

Amount first month \$ \_\_\_\_\_ Months covered \_\_\_\_\_ Amount for following months \$ \_\_\_\_\_

You selected \_\_\_\_\_ as Head of Household. If all adult members do not agree, contact your worker within 10 days.

**YOU MUST REPORT WITHIN 10 DAYS REQUIRED CHANGES IN THE PERSON IN YOUR HOUSEHOLD AND IN YOUR FINANCIAL SITUATION.** If necessary, you may call collect.

Children approved for food stamp benefits and attending public school may be eligible for free meals. Call your school for more information.

Food stamp or an ATP card not received in the mail or destroyed after receipt may be replaced if the loss is reported right away.

If you do not agree with the action we have taken or the amount of food stamps you are receiving, you can have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake, and a hearing officer will decide if you are right. To request a fair hearing, you may call me at the number below or write to the Virginia Department of Social Services, Attention: Manager, Appeals and Fair Hearings, 730 East Broad Street, Richmond, Virginia 23219-1849. You may also request a fair hearing by calling toll free 1-800-552-3431. You must request your fair hearing within the next 90 days. If you appeal the action on your case before \_\_\_\_\_ assistance may continue. However, if assistance is continued, you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action. For additional information about appeals and fair hearings, please see the back of this notice.

SECTION 2. ACTION REQUIRED TO RECEIVE UNINTERRUPTED BENEFITS

Your food stamp certification will end on \_\_\_\_\_

In order to receive uninterrupted benefits following the end of your current certification, you must complete a new application.

by \_\_\_\_\_ and be found eligible based on the information given on this application. You may request an application to complete yourself or to be completed by anyone you choose, or we will be happy to assist you to complete the application. We can only begin processing your request for continued certification upon receipt of an application form having at least your name, address and signature. If you fail to complete an application by the date indicated above, you cannot be assured of continued participation without interruption.

We have arranged an appointment for an interview on: \_\_\_\_\_ if you miss this or any interview scheduled by the local social services agency for your food stamp application, it will be your responsibility to reschedule it. If you unable to come to the agency for an interview and you are unable to appoint an authorized representative to come for you, please let us know. Under certain circumstances, an office interview may be waived and arrangements made for an out-of-office or telephone interview. It will also be necessary for you to provide your eligibility worker with proof of your income and expenses if requested in order to receive uninterrupted benefits.

If all members of your household are now receiving Supplemental Security Income (SSI) or plan to apply for SSI, you may reapply for food stamps at the social security office instead of filing your application at the local social services agency. The social security office will send your application to the social services agency for processing. If you choose to do this, the social security office must also receive your application by the date indicated above.

Worker	Telephone Number	For Free Legal Advice Call
--------	------------------	----------------------------

032-03-460/1 (12/97)

CLIENT



## APPEALS AND FAIR HEARINGS

A fair hearing provides you opportunity to review the way a local social services agency has handled your situation concerning your stated need for food stamps. The fair hearing is a private, informal meeting at the local social services agency with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The hearing officer is the official representative of the State Department of Social Services.

In addition to filing an appeal, you have the right to request a conference with your local social services agency, at which time the agency must give you an explanation of its proposed action. You must also be given the opportunity to present any information on which your disagreement with the agency's proposed action is based. At such a conference, you have the right to have your story presented by an authorized representative, such as a friend, relative, or lawyer.

If you request the conference within 10 days of receipt of your advance notice of proposed action to decrease or terminate your food stamps, the proposed action will not be taken until a decision is made at your conference.

If you are not satisfied with the local social services agency's action following the conference, and you want to request that your food stamps be continued as usual until a hearing decision is received, you must file an appeal within two days following the date of the conference. If you do not request a conference but file your appeal within 10 days of your advance notice of action to decrease or terminate your food stamps, your benefits may be continued until a hearing decision is reached. However, if the agency action is upheld, you will be required to repay assistance received during the appeal process.

If you request an appeal concerning your food stamps, the local social services agency must offer you a conference after your appeal is filed.

If you wish to request a hearing, follow the instructions on the front of this form.

The person who conducts the hearing is someone from the State Department of Social Services, not someone from your local social services agency. The hearing officer makes a decision on your appeal.

You will be notified of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call your service or eligibility worker immediately. If you need transportation, the local agency will provide it. You must bring a representative and/or witness to the hearing to help you tell your story. Your service or eligibility worker, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

- (1) examine all documents and records which are used at the hearing;
- (2) present your case or have it presented by a lawyer or by another authorized representative;
- (3) bring witnesses;
- (4) establish pertinent facts and advance arguments; and
- (5) question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The decision or recommendation of the hearing officer shall be based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the local social services agency would be given the opportunity to question or refute this additional information.

You will be notified in writing of the hearing officer's decision on your appeal within 60 days of the date your appeal request is received by the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency, consequently, if you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice you may contact your local legal aid office.



NOTICE OF ACTION AND EXPIRATION

FORM NUMBER - 032-03-460

PURPOSE OF FORM - To notify applying households of the approval of the application and the end of the certification period so that households will have the opportunity to file a timely application for recertification.

USE OF FORM - To be sent by the local agency to advise the household of the approval of the application, the certification period, amount of benefits and the date by which a recertification application must be filed.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The original is to be mailed to the household. The copy is to be filed in the case record.

INSTRUCTIONS FOR PREPARATION - The form may be used in place of the Notice of Action and the Notice of Expiration. If used, the Notice of Action And Expiration must be completed by the eligibility worker and provided to the applicant upon the approval of the application. This form is appropriate only for those households assigned a one-month certification period or those approved in the last month of eligibility.



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

FIPS

**ADAPT VERIFICATION FORM**

Case Name:	ADAPT Case #: Legacy Case #:	Residence Verification:
Programs:	Application/Renewal Date:	Identity Verification:
Authorized Representative/Identity Verification:		Interview Date: Face to Face Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No If No. Reason:

**1. Resources:****2. Vehicles:**

Per#	Type/Code	Verification	Per #	Identifier	Verification
					DMV <input type="checkbox"/> Match <input type="checkbox"/> No Match Date _____

**3. Earned Income/Unearned Income:**

Per#	Type/Code	Verification

VEC ☐ Match ☐ No Match Date \_\_\_\_\_ SVES ☐ Match ☐ No Match Date \_\_\_\_\_ APECS ☐ Match ☐ No Match Date \_\_\_\_\_**4. Shelter Expenses:****5. Day Care/Medical/Support Expenses:**

Per#	Type	Verification	Per #	Type	Verification

UTILITY STANDARD ☐ Y ☐ N ☐ 1-3 ☐ 4+PHONE STANDARD ☐ Y ☐ NHOMELESS STANDARD ☐ Y ☐ N

REASON FOR ENTITLEMENT TO STANDARD



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**6. Divisionary Assistance Program**

Documentation of Circumstances:	Amount/Type Emergency      Verification
<b>Remember:</b> Enter Sanction Period (POI) in ADAPT	

**7. Other** (Check any items that require verification and document your verification in the space below)

<input type="checkbox"/> Deprivation <input type="checkbox"/> Living with Specified Relative <input type="checkbox"/> Immunizations <input type="checkbox"/> Truancy <input type="checkbox"/> Excluded Persons/Reason <input type="checkbox"/> FS Work Requirement Exemption <input type="checkbox"/> FSET/ESP/VIEW Registration or Participation <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Sanction/Penalty <input type="checkbox"/> Resource/Income Transfer <input type="checkbox"/> Disability/Aged <input type="checkbox"/> Health Insurance <input type="checkbox"/> HIPPA/Medical Questionnaire <input type="checkbox"/> Medicaid Assignment of Rights (Indicate Person(s) Ineligible) <input type="checkbox"/> Pregnancy/Conception Date Estimated Due Date <input type="checkbox"/> Other Specify: _____ _____	
---	--

**8. Good Cause Claimed:**

<input type="checkbox"/> DCSE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FAMIS Dropped Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation: _____  Good Cause: <input type="checkbox"/> Exists <input type="checkbox"/> Does Not Exist
---	---

**IF ALL PROGRAMS APPLIED FOR ARE ON ADAPT, PLEASE GO TO PAGE 4.**



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**Evaluation of Eligibility****9. Programs:** ☐ Medicaid ☐ GR ☐ AG ☐ SLH ☐ TANF-EA ☐ RRP ☐ FAMIS**10. Case Number****11. Retroactive Medicaid Determination:**

	Retroactive Period From:	to:
	Service in past 3 months: <input type="checkbox"/> Y      Date <input type="checkbox"/> N	

**12. Institutional Status:**

<input type="checkbox"/> NF	<input type="checkbox"/> CBC	<input type="checkbox"/> ACR/AFC	Date Entered	ACR/AFC Rate
DMAS-96	<input type="checkbox"/> Y	<input type="checkbox"/> N	SAR <input type="checkbox"/> Y <input type="checkbox"/> N	Community Spouse? <input type="checkbox"/> Y <input type="checkbox"/> N

**13. Income:**

Type	Countable Y/N	Calculations/Comments:	Amount
INCOME LIMIT:			TOTAL COUNTABLE INCOME:

**14. Resources**

Type	Countable Y/N	Calculations/Comments:	Amount
RESOURCE LIMIT:			TOTAL COUNTABLE INCOME:

**15. Spend-down Calculation:**

Period	Person(s)	Countable Income	Income Limit	Excess Income

**16. Medicaid Covered Group:**

--

**17. State/Local Hospitalization:**

Person(s)	Service Date(s)	Provider(s)	Applied within 30 days? Y/N



Period of Unemployment:		Applied for SSI? <input type="checkbox"/> Y	Date:	<input type="checkbox"/> N
SSI Decision Appealed? <input type="checkbox"/> Y <input type="checkbox"/> N		Release of SSI Check Signed? <input type="checkbox"/> Y	Date:	<input type="checkbox"/> N
<input type="checkbox"/> Full Standard	<input type="checkbox"/> Modified Standard	Reason for Modified Standard:		

Date and Reason for Emergency:

---

Assistance Previously Received: ☐ Y ☐ N      Dates and Amounts Received:

---

Food Stamps	TANF	Medicaid	FA\MIS	TANF-EA/GR/AG//SLH/RRP
Certification Period: to				

EW Signature	Date	Supervisor Signature	Date

Program	Action Date	Effective Date	Reason for review, methods and dates of verification	Worker's Signature and Date (Supervisor's Signature/Date)



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**ADAPT VERIFICATION FORM**

**FORM NUMBER** - 032-03-366

**PURPOSE OF FORM** - To be used with the Permanent Verification Log to document methods and dates of verification of eligibility factors in Food Stamps and TANF cases. In addition, this form is used to document verification and determine eligibility for Medicaid, General Relief, SLH, TANF-EA, Refugee Assistance, and Auxiliary Grants when the evaluation is being completed at the same time as TANF or Food Stamps. When eligibility for other programs is being evaluated separately from the Food Stamp Program or TANF, the Evaluation of Eligibility form (032-03-823) must be completed. Documentation must be in sufficient detail to permit a supervisor, Quality Control, fraud investigator, or any other person reviewing the case record and information in ADAPT to determine the reasonableness and accuracy of the determination of eligibility.

**USE OF FORM** - The form must be completed at application and renewal for all programs for which the applicant/recipient is applying or receiving assistance. The form is also used to document and verify interim changes and determine continued eligibility as appropriate.

**DISPOSITION OF FORM** - The form must be retained in the case record with the appropriate ADAPT Request for Assistance and Statement of Facts OR application.

**INSTRUCTIONS FOR PREPARATION OF FORM** - When completing this form, it is not necessary to restate information if it is attached. Reference must be made to any information attached to the form.

**CASE INFORMATION**

Enter identifying case and application information, as appropriate.

- **Residence Verification:** Verify residence, as required by policy.
  - **Identity Verification:** Verify identity, as required by policy.
  - **Authorized Representative/Identity Verification:** Enter the authorized representative's name and verify identity, as required by policy.
  - **Interview Date:** Enter the date the applicant/recipient or authorized representative is interviewed. Indicate whether this is a face-to-face interview, and if not, the reason.
1. **Resources:** For each resource verified, enter the ADAPT person number, the type of resource or ADAPT resource code (e.g., bank accounts, real property, business or farming equipment) and verification (date, method, and source of verification).



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**2. Vehicles:** For each vehicle, enter the ADAPT person number, the vehicle identifier used in ADAPT, and verification (date, method, and source of verification). Complete a DMV inquiry and indicate whether a match was found, the date of the DMV records check, and attach the match. Document resolution of any discrepancies. If matches must be completed on more than one person, use the Comments section for the additional persons. If no change has occurred since the previous match, the agency may indicate "no change" and is not required to print the match information again.

**3. Earned and Unearned Income:** For each source of income verified, enter the ADAPT person number, the type of income or the ADAPT income code, and verification (date, method, and source of verification, and explanation as to the pay verification used, if applicable). Include in-kind income and vendor payments.

Indicate when APECS, VEC, or SVES matches were checked, and attach any matches. Document resolution of any discrepancies. If matches must be completed on more than one person, use the Comments section for the additional persons. If no change has occurred since the previous match, the agency may indicate "no change" and is not required to print the match information again.

**4. Shelter Expenses:** Enter the ADAPT person number, the type of expense, and the date, method and source of verification.

**5. Day Care/Medical/Support Expenses:** For each expense verified, enter the ADAPT person number, the type (day care, medical expense, or support), and verification (date, method, and source of verification).

**6. Diversionary Assistance Program:** Enter the date, method, and source of the verification received documenting the need(s) for diversionary assistance, the type of emergency, and the amount needed to resolve the emergency.

**7. Other Documentation:** Check the appropriate items and enter the date, method, and source of verification. If "Other" is checked, specify the requirement being documented or questionable information being resolved, e.g., separate household status.

**8. Good Cause Claimed:** Check the type of good cause claim applicable to the program(s) evaluated. Indicate whether good cause exists and explain the basis for the decision.

**NOTE: IF ALL PROGRAMS APPLIED FOR ARE ON ADAPT, PROCEED TO ITEMS 20 -22, AS APPLICABLE, otherwise complete #9-19.**

**9. -12** Complete as appropriate.

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13. **Income:** Enter the type of income, whether it is countable, any calculations/explanations, and the amount of countable income from each source. Enter the appropriate income limit and the total countable income.

14. **Resources:** Enter the type of resource, whether it is countable, any calculations/explanations, and the amount of each countable resource. Enter the appropriate resource limit and the total countable resources.

15. **Spend-down Calculation:** Complete, as appropriate.

16. **Medicaid Covered Group:** Complete as appropriate. Specify the covered group from Volume XIII, Chapter M03. If the applicant/recipient does not meet a covered group, document the basis for the decision.

17.-19 Complete as appropriate.

20. **Comments:** Enter any additional information pertinent to the case not stated elsewhere, including calculations, such as Medicaid budget units.

21. **Disposition:** Enter the disposition for applicable programs. Enter the certification period for the Food Stamp case.

22. **Signatures:** The Eligibility Worker must sign and date the form. If a supervisory review is done, the supervisor must sign and date the form also.

**PARTIAL REVIEWS AND CHANGES** - Complete, as appropriate, for changes that occur between renewals to determine the effect on eligibility.



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF TRANSFER**

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Your \_\_\_\_ Food Stamp, \_\_\_\_ Medicaid, or \_\_\_\_ Temporary Assistance for Needy Families (TANF) case(s) was transferred to \_\_\_\_\_ because of your recent move to that city or county. A representative of that agency will contact you to review your case.

**Your benefits for these programs will continue without interruption.**

Your TANF grant will change from \$\_\_\_\_\_ to \$\_\_\_\_\_ because of your move to the new city/county.

- ☐ If the amount of your food stamp or TANF benefits went up because of a reported change in income, expenses, or the number of people in your household, you will need to show proof of the change. You will need to give this information to the new agency within 10 days or the amount of your food stamps or TANF will go back to \$\_\_\_\_\_ without additional notice.

You must report changes or file applications with the new agency. The address and telephone number of the new agency is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

\_\_\_\_\_  
(Worker Signature)

\_\_\_\_\_  
(Telephone Number)

**REMINDER: Please keep your Cardinal Card if you receive food stamps and your Medicaid card if you receive Medicaid. You do not need a new card just because of your move.**



#### APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for TANF or food stamps. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

##### How to File an Appeal

- Send a written request to the **Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 7 North Eighth Street, Richmond, Virginia 23219-3301**
- Call me at the number listed on the front
- Call **1-800-552-3431**

##### When to Appeal

- Within the next 30 days for TANF and within the next 90 days for food stamps.
- Within 10 days of the date on this form to get the food stamps continued.\*
- Before the effective date of the change to get the TANF benefits continued.\*

\*Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

##### Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency. During the conference, the agency must explain its proposed action. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

If you request the conference within 10 days of receiving of your notice to decrease or end your TANF or food stamps benefits, the proposed action will not take place until after there is a decision made for the conference.

If the conference does not satisfy you and you want to continue to receive your benefits until there is a hearing decision, you must file an appeal for TANF benefits within two days following the date of the conference and within 10 days of the conference date for food stamps. If you do not ask for a conference but you file an appeal within 10 days of the notice of action to reduce, suspend, or terminate your TANF or food stamps, you may continue to receive benefits until there is a hearing decision. If you appeal the proposed action on your TANF case before the reduction, suspension or termination effective date, you may also receive continued coverage. Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

##### Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.



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Notice of Transfer

FORM NUMBER - 032-03-658

PURPOSE AND USE OF FORM - To advise a household that responsibility for a case has been transferred from one locality to another and to provide the contact information of the new agency.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The local agency worker must complete the form and mail it to the household when a case record is transferred to another locality.

INSTRUCTIONS FOR PREPARATION OF FORM -

Complete the form with identifying information of the case and with the telephone number and address of the local social services agency to which the case has been transferred. **Mark the section to note** if the household is required to provide verifications that affect the benefit amount to the new agency. **Identify the information needed from the household on the Notice of Action or checklist and on the Case Record Transfer Form.**



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

**CASE RECORD TRANSFER FORM**

TO DEPARTMENT OF SOCIAL SERVICES

FROM DEPARTMENT OF SOCIAL SERVICES

COUNTY/CITY

COUNTY/CITY

ADDRESS

ADDRESS

**I. TRANSFERRING LOCALITY CASE INFORMATION**

CASE NAME: CASE NUMBER:

MOVED TO YOUR LOCALITY ON AND IS RESIDING AT

UNIT MEMBERS

TYPE OF ASSISTANCE:

☐ TANF VIEW CASE ☐ TANF NON-VIEW CASE ☐ REFUGEE CASH ASSISTANCE ☐ OTHER

AMOUNT OF PAYMENT LAST PAYMENT MONTH

☐ VERIFICATION OF NEEDED BEFORE ISSUANCE OF BENEFITS

☐ FOOD STAMPS CERTIFICATION PERIOD END DATE / /

☐ VERIFICATION OF NEEDED BEFORE ISSUANCE OF BENEFITS

☐ PENDING MEDICAID ☐ RECEIVING MEDICAID ☐ RECEIVING REFUGEE MEDICAL ASSISTANCE

☐ RECEIVING FAMIS (APPLICATION, EVALUATION, INCOME VERIFICATION, AND NOTICE OF ACTION ATTACHED)

ADDITIONAL REMARKS:

**SIGNATURE** (AGENCY REPRESENTATIVE) DATE:

PRINTED NAME TITLE:

**II. CONFIRMATION OF RECEIPT & DISPOSITION**

CASE RECORD WAS RECEIVED DETERMINED: ☐ ELIGIBLE ☐ INELIGIBLE

EFFECTIVE DATE FOR TYPES OF ASSISTANCE

ADDITIONAL REMARKS:

**SIGNATURE** (AGENCY REPRESENTATIVE) DATE:

PRINTED NAME TITLE:



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Case Record Transfer Form

FORM NUMBER - 032-03-227

PURPOSE AND USE OF FORM - To communicate between local departments of social services when transferring responsibility for a case for program benefits from one agency to another. The form also serves as confirmation to acknowledge receipt of the case record.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The local agency worker in the transferring agency must complete the names and addresses of the affected agencies and appropriate parts Section I of the form to address the types of assistance affected. The worker must prepare the case record for transfer to the new locality and send two copies of the form and case record to the receiving agency. The transferring agency must keep a copy of the completed form.

INSTRUCTIONS FOR PREPARATION OF FORM -

Complete the form with identifying information of the case and with the names and addresses of the agency from which the case is being transferred and the agency to which the case is being transferred. Complete Section I to identify the types of assistance and benefit amounts for the household. Add additional comments as needed. A representative of the transferring agency must sign the form.

A representative of the receiving local agency must complete Section II of the form to acknowledge the receipt of the case record. The agency must send copy of the completed form to the agency from which the case was transferred and keep a copy of the form.



PART XXV FOOD STAMP EMPLOYMENT & TRAINING PROGRAM

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PART XXV                      FOOD STAMP EMPLOYMENT & TRAINING PROGRAM

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A. PURPOSE, FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM

The Food Stamp Employment and Training Program (FSET) is a multi-component employment and training program that provides Job Search, Job Search Training, Education, Training and Work Experience to non-public assistance Food Stamp recipients. The program's role is to provide food stamp recipients with opportunities that will lead to paid employment and decrease dependency on assistance programs.

See [Appendix I](#) for a list of agencies that operate the FSET program.

B. REFERRAL TO FSET

1. Eligibility Process

The Eligibility Worker (EW) is responsible for determining if a recipient is mandatory for the FSET program and referring these individuals to the FSET Program. Registrants are referred to the FSET program at the time of application or reapplication and every twelve months thereafter. Registrants must also be referred at the time a change occurs in the exemption status which causes the individual to become non-exempt. New household members, added during the certification period, must be registered at recertification. (See [Part VIII.A.](#) for a discussion on the registration exemptions.)

- a. An Employment Services Registration Form must be completed and forwarded by the EW to the FSET Worker within 5 days after the household is certified. (See [Part XXIV](#) for the registration form.)
- b. Every twelve months thereafter the EW completes an Employment Services Registration Form for each nonexempt household member. The EW must forward the completed form to the FSET Worker within 5 days after certification.
- c. The EW must submit any changes in work registration information to the FSET Worker within 30 days from the date the change becomes known to the EW.
- d. At each recertification, the EW must evaluate all household members to determine if the work registration exemptions for each household member are valid or if the prior 12-month registration period has ended. Individuals must be registered if they are no longer exempt or re-registered if the 12-month registration period has ended.



2. Registrant Categories

- a. New Registrant - registrant has not been included in the on-board count for the current Federal Fiscal Year (10/01-9/30).
- b. Re-registrant - registrant has been included in the on-board count for the current Federal Fiscal Year (10/01-9/30).

3. FSET Categories

- a. Active - a category in which registrants with no barriers to employment are placed.
- b. Pending - a category in which registrants are placed when they cannot move immediately into an activity or when they have short-term barriers to employment (less than 60 days).
- c. Inactive - a category in which registrants with long-term (60 or more days) or substantial barriers to employment are placed.

Barriers may include, but, are not limited to:

- 1. unavailability of dependent care;
- 2. unavailability of transportation;
- 3. second and third trimester pregnancies;
- 4. medical problems that would make participation impractical.

C. ASSESSMENT

The purpose of the assessment is to identify the registrant's job readiness and, if appropriate, to develop a plan that outlines the registrant's future course of action in the program, ultimately leading to self-sufficiency.

There are three types of assessments: pre-assessments, initial assessments and reassessments. Assessments may be conducted either individually or in a group.

1. Pre-Assessment

A pre-assessment may be conducted for any registrant due for an initial assessment, except for persons in a non-waived locality who



are subject to the Work Requirement of [Part XV](#), i.e., "Able-Bodied Adults Without Dependents" (ABAWDS). Food stamp benefits for these individuals are time-limited so they need to have an initial assessment done immediately. See [Appendix I](#) of Part XV for a list of waived agencies.

- a. If the FSET worker has sufficient reason to believe that a registrant's mandatory status needs to be reevaluated, this must be communicated to the EW on the Communication Form or by other appropriate means. The EW must review the registrant's status and inform the FSET worker of the outcome within 30 days. While waiting for the EW to provide the status verification, the registrant will be assessed and assigned to the pending category. See [Part XXIV](#) for the Communication Form.
- b. The pre-assessment may be conducted face-to-face, by mail or by phone.
- c. If conducted by mail, the registrant is required to complete and return the pre-assessment form to the agency within 14 calendar days. The registrant must be provided with a self-addressed, stamped envelope in which to return the form. The FSET worker must send the registrant a letter informing him/her of the following:
  1. The purpose of the FSET program.
  2. The reason for completing the pre-assessment form and the date by which the form is to be returned to the agency.
  3. That failure to complete and return the form by the required date may affect the registrant's eligibility for Food Stamps.
  4. How to contact the FSET worker if the registrant is unable to complete and return the form by the required date.
- d. Based on the answers given by the registrant on the pre-assessment form, the worker must decide if the registrant will be scheduled for an initial assessment (with the intent of placing the registrant in an active component) or if the registrant will be placed in a pending or inactive category. If the decision is to schedule the registrant for an initial assessment, this assessment must be scheduled within 30 calendar days of receipt of the original referral.



- e. Registrants placed in either the pending or inactive categories will not be required to have a Plan of Participation completed. The Contact Sheet must be documented with the reason for placement in the pending or inactive category and the beginning and ending dates of the placement.

2. Initial Assessment

- a. The FSET worker must assess each registrant within 30 days of receipt of the registration form, even if a Pre-Assessment was completed, unless the registrant was placed in a pending or inactive category. Persons whose benefits are time-limited must be assessed immediately, unless the registrant resides in a waived locality. For registrants in waived localities, the 30-day time period will apply.
- b. The assessment must be a face-to-face interview (individual or group) between the registrant and the FSET worker.
- c. The FSET worker must send the registrant a letter informing him/her of the date of the assessment interview. The letter must explain that appearance for the interview is a condition of continued eligibility for Food Stamps and that the consequence of not attending the interview may be termination of food stamp benefits. The letter must also tell the registrant how to contact the FSET worker, and must advise the individual that he/she must contact the FSET worker if he/she is unable to attend the interview or if he/she needs to reschedule the appointment. To the extent possible, employed registrants must have their initial assessment interviews scheduled at a time that does not require them to take time off from work.

3. Procedures

- a. The FSET Assessment Form or an assessment tool that has been pre-approved by the Central Office FSET Worker must be completed on each participant. See [Appendix III](#) of this Part for the Assessment form.
- b. The assessment must include the following:
  - 1. An identification and evaluation of the registrant's recent work history, occupational skills, education and training and a determination of the individuals ability to read and write English.



2. An identification of the registrant's employment goal(s).
3. A detailed evaluation of supportive service needs.
- c. The FSET worker must inform the registrant of the following information:
  1. program goals;
  2. program requirements, including an explanation of responsibilities and expectations for registrants;
  3. penalties for failure to comply, without good cause, with program requirements;
  4. what constitutes good cause for not complying with program requirements;
  5. name and phone number of the FSET worker or other persons who might need to be contacted; and
  6. requirement to respond to all agency correspondence.
- d. After the assessment, the FSET worker must determine the registrant's ability to participate in the program.
  1. A registrant who has no substantial barriers to employment must be assigned to a component, placed in an active status and be subject to the full requirements of the FSET program.
  2. A registrant who has substantial barriers to employment that are anticipated to last 60 days or more must be placed in an inactive status.
  3. A registrant who has short term barriers to employment that are anticipated to last less than 60 days must be placed in pending status and reassessed at the end of the length of time his/her barrier will last.
- e. If the FSET worker has sufficient reason to believe that a registrant's mandatory status needs to be reevaluated following the assessment, this determination should be communicated to the EW on the Employment Services Programs Communication Form. If the reevaluation is requested for medical reasons, the medical problem should be obviously visible to the FSET worker or the FSET worker should have reasonable evidence that a



medical problem exists. It is the responsibility of the registrant to obtain a medical statement from a physician if requested to do so by the FSET worker. Copies of all documentation must be forwarded to the EW at the time the reevaluation is requested.

The registrant may be assigned to the pending category for up to two (2) months while awaiting the outcome of the EW's reevaluation.

4. Plan of Participation

- a. For initial assessments and reassessments, the FSET worker must develop a written Plan of Participation with the registrant, recording the outcome of the assessment.

1. For registrants placed in an active status, the Plan must:

- a. state the component to which the registrant is assigned; the specific responsibilities of the participant and the agency, including, but not limited to, the expected levels of participation, attendance and/or the requirement to return information to the FSET worker and report changes which impact employment and/or participation;
- b. identify the component begin and end dates;
- c. describe the supportive services needed by the registrant to carry out the assignment;
- d. describe a plan for monitoring the registrant's progress while he/she is participating in a component.

2. For registrants placed in a pending or inactive status, the Plan must document:

- a. that active participation will not be required at this time;
- b. the time frame of the placement;
- c. the reason a registrant's ability to participate is restricted.



3. A new Plan must be completed whenever the registrant is assigned to a different component. If the registrant is reassigned to the same component, the current Plan must be updated. A copy of the updated Plan must be given or mailed to the registrant.
4. Both the FSET worker and the registrant must sign the Plan if the Assessment is conducted face-to-face.
5. Reassessment
  - a. A reassessment must be conducted whenever a registrant completes the requirement of a component or when a re-evaluation of an individual's placement in a pending or inactive category is required.
    1. The reassessment must take place no later than 30 calendar days following the completion of the component activity.
    2. Assignments to some categories and/or components may be long-term. In those situations, reassessments must be conducted with the following frequency:
      - a. registrants placed in a pending category must be reassessed at least every 2 months;
      - b. registrants in education, training and work experience components must be reassessed at the end of the scheduled component's completion;
      - c. registrants placed in an inactive category must be reassessed every 6 months or more frequently if circumstances warrant.

Procedures for the reassessment will be the same as the initial assessment procedures that are outlined in [Section D.3](#).

Note: A registrant may be reassigned to the same component.

#### D. PROGRAM COMPONENTS

Individuals participating in any program component other than Job Search must be monitored monthly for attendance of scheduled hours. In addition, individuals participating in an education, training and/or work experience component must be monitored for satisfactory progress at periodic intervals.



The total hours a non-ABAWD registrant may participate in one or more FSET components together with any hours worked for compensation (cash or in-kind) must not exceed 120 hours in any month. ABAWDS are limited to 20 hours a week of participation in FSET components, except for the work experience component which uses the formula of the allotment divided by the minimum wage to determine the number of hours of participation.

For purposes of the FSET evaluation full-time employment is defined as employment of at least 30 hours per week and part-time employment is defined as less than 30 hours per week.

1. Job Search

This component requires that registrants make a predetermined number of inquiries to prospective employers over a specified period of time.

- a. Registrants assigned to this component must participate in up to 8 weeks of job search every 12 months.
- b. Job Search may be conducted individually or in a group setting.
  1. Individual

A registrant makes a predetermined number of job contacts on his/her own.
  2. Group

A group of registrants access telephones, computers, fax machines, newspapers, photocopiers and any other equipment to aid in a job search.
- c. The registrant must schedule up to 48 job interviews or submit up to 48 applications/resumes to prospective employers per 8-week session. The FSET worker must provide support and direction to the registrant throughout the job search assignment.
  1. The registrant must be registered with the nearest Virginia Employment Commission Office. Registration with the Virginia Employment Commission will be considered as one employer contact.
  2. The registrant must report employer contacts in writing to the FSET worker by completing the FSET Job Search Form.



3. To qualify as an employer contact, four conditions must be met:
  - a. The registrant must present himself/herself to an employer as being available for work;
  - b. The employer must ordinarily employ persons in areas of work for which the participant is reasonably qualified by means of experience, training or ability;
  - c. The participant cannot count the same employer more than once during a given job search period unless he/she applies for different positions; and
  - d. Contacts with employers will only be in the form of face-to-face interviews or by submission of applications or resumes to businesses that are hiring.
4. The FSET worker may contact any employer listed on the FSET Job Search Form to verify the contact.
- d. The specific requirements of Job Search will be determined by the local agency and described in each agency's Local FSET Plan.
- e. Registrants who obtain full-time employment while participating in the Job Search component will have fulfilled all program requirements for that assignment. The FSET case must be closed after receipt of notification from the EW stating:
  1. the food stamp case is closed; or
  2. the registrant is now exempt.
- f. Registrants who obtain full-time employment during Job Search, but lose that employment during the first 30 calendar days, are required to complete their job search. For example, if a registrant assigned to Job Search was required to have 24 job contacts but had completed only 17 at the time of employment, he/she would now be required to make 7 more contacts.
- g. Registrants who obtain part-time employment during Job Search and remain employed for 30 calendar days or more will have fulfilled all program requirements for that assignment. The



FSET case must be closed after receipt of notification from the EW stating:

1. the food stamp case has been closed;
  2. the registrant is now exempt.
  - h. Registrants who obtain part-time employment during Job Search, but lose that employment during the first 30 calendar days, are required to complete their job search requirement.
  - i. If at the end of the job search assignment, the registrant is unemployed or employed part-time and remains registered, he/she must be re-assessed and assigned to an appropriate component within 30 days.
  - j. Registrants who are employed part-time will continue active participation in FSET with their activities scheduled around their work hours.
  - k. The Job Search component does not qualify as a work program for the purpose of maintaining food stamp eligibility for individuals whose benefits are time limited (ABAWDS).
2. Job Search Training

This component strives to enhance the job readiness of registrants by providing job seeking techniques and methods to increase motivation and self-confidence.

- a. Job Search Training includes activities that may consist of job skill assessments, job finding clubs, training in techniques for employability, job placement services, or other direct training or support activities, including educational programs to expand the job search abilities or employability of the registrant. The annual FSET plan must describe whether the local department will utilize Job Club or other group methods. If a group process other than Job Club is used; the annual FSET plan must describe that process. Examples of some acceptable programs are as follows:
  1. Job Club
    - a. Job Club is a tightly-structured, extensive program including instruction in job search methods, extensive use of the telephone to obtain job leads



and interviews, peer support, direct monitoring of participant activities, and self-placement through job search.

- b. Classroom instruction provides the participant with sound skills for finding and keeping employment.

2. Nutrition Class

- a. Classroom instruction on how to pack a nutritious lunch.
- b. Classroom instruction on how to provide nutritious meals for a household and still be employed.

- b. The Job Search Training component does not qualify as a work program for the purpose of maintaining food stamp eligibility for individuals whose benefits are time-limited (ABAWDS).

3. Work Experience

This work component is designed to improve the employability of participants through actual work experience and/or training and to enable them to move into regular employment.

The work experience placement may be followed by two (2) weeks of job search.

The primary focus of work experience is the development of good work habits, additional job skills, positive work attitudes, an understanding of the employee-employer relationship, and to obtain a recent job reference.

The Work Experience component qualifies as a work program for the purpose of maintaining food stamp eligibility for individuals whose benefits are time-limited (ABAWDS).

a. Time Frames

- 1. The number of weeks a registrant may participate depends on the job site.
- 2. The number of hours a registrant is required to work in any one month is determined by dividing the **household's allotment for that month, including any month for which benefits are prorated**, by the federal minimum wage.



3. If two or more registrants in the same food stamp household participate in Work Experience, the combined hours worked cannot exceed the number of hours that result from dividing the household's allotment by the federal minimum wage.
4. The amount of time used in traveling to and from the job site is not included when determining the number of hours the participant can work.
5. The registrant cannot be required to be on a work site more than 120 hours per calendar month.
6. A registrant may volunteer to work more than the required number of hours, but the State will not provide Worker's Compensation coverage for the additional hours.

b. Assignment Criteria

Each assignment must take the prior training, experience, skills and employment goal(s) of the registrant into consideration in order to determine whether:

- The individual is in need of additional job skills and/or
- Work experience will yield a job reference or the development of good work habits or job skills.

c. Limitations

The use of the Work Experience component is limited by the following:

1. Registrants must not be required to use their personal resources to pay participation costs.
2. Participants in the Work Experience component must not displace persons currently employed or be placed in established, unfilled positions.

Participants must not perform tasks that would have been undertaken by current employees or which would have the effect of reducing the work hours of paid employees. Work Experience participants cannot be placed in the position of workers who are on sick leave, annual leave, leave without pay, or any other granted leave with or without pay, as that would be an act of displacement.



3. Registrants must not be assigned to projects that require that they travel unreasonable distances from their homes or remain away from their homes overnight without their consent. A round trip in excess of two hours from the registrant's home to the work site is considered an unreasonable distance in any situation. The transportation time determined reasonable must be relative to the number of hours being worked in a day.

e. Worker's Compensation

For Worker's Compensation purposes only, the State Department of Social Services is considered the individual's employer. The State Department of Social Services provides coverage for all Work Experience participants for the hours of participation that are mandated. In the event that a claim must be filed, the following procedures will be followed:

1. The work site personnel must immediately complete the Employer's First Report of Accident form (VWC Form No. 3). The original and all copies must be clearly coded in the upper right-hand corner with 0765-000e, *FSET WORK EXPERIENCE PARTICIPANT*. See Appendix II of this Part.
2. The work site must mail the original copy of the Employer's First Report of Accident form, all bills, and physician reports to:

**Virginia Department of Human Resource Management  
Division of Workers' Compensation and Safety  
101 N. 14<sup>th</sup> Street, 12<sup>th</sup> Floor  
Richmond, VA 23219**

3. The work site must send a copy of the accident report to the FSET Worker at the local agency.
4. Physicians should be instructed to submit their invoices and Attending Physician's Report directly to the claims office at the Division of Risk Management. All invoices must show the participant's/employee's social security number.

4. Education

This component provides educational programs or activities to improve basic skills or otherwise improve employability of participants.



The Education component qualifies as a work program for the purpose of maintaining food stamp eligibility for individuals whose benefits are time-limited (ABAWDS).

- a. Educational placements must be based on an assessment which indicates that placement is necessary to develop job readiness and that educational deficit seems the primary barrier to employment.
- b. Educational programs to which registrants can be assigned include, but are not limited to:
  1. Adult Basic Education;
  2. GED;
  3. Vocational Education;
  4. Community College Programs;
  5. Post-Secondary Education;
  6. Employment Training and Education Programs.
- c. Participation in an education program is limited to the amount of time generally allowed for the completion of the curriculum.
- d. During a registrant's participation in an education program, his/her progress must be monitored to ensure that satisfactory progress, as defined by the institution, is being made. This should coincide with the end of the institution's quarter or semester grading period. However, at a minimum, an evaluation may consist of documentation, such as a report card, showing the registrant's grade(s). Registrants not progressing satisfactorily may be assigned to another activity that will more adequately move them toward employment.
- e. Attendance must be monitored on an on-going basis. The Time and Attendance Report may be used for this purpose.
- f. The completion of an education assignment may be followed by two weeks of job search.

5. Training

This component provides training in a skill or trade that should improve the employability of participants and allow the participant to move directly into employment.



- a. Training placements must be based on an assessment that indicates training is necessary to improve the registrant's employability.
- b. Training programs to which registrants may be referred include, but are not limited to:
  1. Computer classes,
  2. Vocational Rehabilitation,
  3. Employment Training and Education Programs.
- c. Participation in training programs is limited to the amount of time generally allowed for the completion of the program.
- d. During the registrant's participation in a training program, his/her progress must be monitored to ensure that satisfactory progress, as defined by the training facility, is being made. However, at a minimum, an evaluation may consist of documentation from the training facility that shows the registrant's progress. Registrants who are not progressing satisfactorily may be assigned to another activity that will more adequately move them toward employment.
- e. Attendance must be monitored on an on-going basis. The Time and Attendance Report may be used for this purpose.
- f. The completion of a training assignment may be followed by two weeks of job search.

**E. SOCIAL/SUPPORTIVE SERVICE**

Social/supportive services may be provided to participants in the FSET program, including volunteers, for expenses that are reasonably necessary and directly related to participation in the FSET program. Agencies are encouraged to explore alternatives to removing barriers if supportive service funds are limited.

If supportive services are essential for participation in a component and neither the registrant nor the agency can provide them, and no alternatives are available, the registrant cannot be required to participate in a component and cannot be sanctioned for noncompliance. In these situations, the participant will be placed in either pending or inactive status.



The need for any supportive services must be linked to needs identified on the registrant's Plan of Participation.

Registrants who have been sanctioned are not entitled to supportive services while in sanction status unless such services are necessary for the participant to perform a verifiable act of compliance.

1. FSET Worker Responsibilities

- a. The FSET worker is a case manager. The worker must assist the registrant in meeting his/her service needs. This may be done directly by the FSET worker or through a referral to a service/social worker or an outside service provider.
- b. When providing social services to recipients, the Plan of Participation may replace the Service Application regardless of the funding source for the service.

2. Social/**Supportive** Services for Registrants

There are four categories of social/**supportive** services available to FSET registrants. These FSET social/**supportive** services may be provided directly or may be purchased.

a. Child Day Care

Child day care services are provided to enable a caretaker to participate in program components.

1. Arrangement for and/or payment of child day care as a supportive service must be provided when the registrant needs this service to participate in component activities.
2. Participants who are parents of school age children are expected to search for a job during the hours that the children are in school. However, if a job interview must take place outside of school hours, childcare may be authorized.
3. Registrants who need day care and who cannot arrange their own may be provided assistance. Payment will be made within the guidelines of child day care policy. Payment may also include child day care related transportation costs.



b. Transportation

This service is provided to enable participants to travel to and from authorized FSET activities.

1. The registrant is primarily responsible for arranging transportation to participate in an FSET component. Transportation will be provided only when the registrant is unable to make his/her own arrangements.
2. Transportation may be provided by any of the following means:
  - a. Agency or public transportation;
  - b. Individuals other than public transportation. In this circumstance, payment is made to the individual provider. Such payment must be pre-authorized and reimbursement cannot exceed the current mileage reimbursement rate. A reimbursement type purchase order may serve as a pre-authorization; or
  - c. Commercial establishments. For example, a client who needs gas for his/her car could receive a voucher that a gas station would honor. Through the purchase order/invoice system, the station would receive payment.

c. Medical/Dental Services

1. Payment for Medical/Dental services must directly relate to FSET activities and exclude medical/ dental services covered by the State Medical Assistance Plan (Medicaid).
2. Medical/dental services include, but are not limited to, payments for medical statements or other necessary medical verifications; and payments for dentures, glasses, orthopedic shoes, or other items needed by participants to participate in a component.



d. One-time Emergency Intervention

1. Payment of one-time crisis expenses is allowable when needed to enable a registrant to participate in an FSET component.
2. Expenses which are allowable include, but are not limited to:
  - a. Automobile repairs;
  - b. Automobile insurance;
  - c. Uniforms;
  - d. Work shoes;
  - e. Purchase of an initial set of tools or equipment.

3. Duration of FSET Services

FSET social/**supportive** services may be provided for as long as the individual needs the service to participate in an FSET component.

F. VOLUNTEERS

A Food Stamp recipient who is exempt from the work registration requirement may volunteer to participate in the FSET program.

1. Agencies may, to the extent they choose, permit volunteers to participate in an FSET component.
2. The same assessment procedures that apply to mandatory registrants will apply to volunteers.
3. Volunteers are not subject to sanction for failure to comply with FSET requirements.
4. The hours of participation in any component may not exceed the hours required of mandatory FSET registrants.
5. Social Services reimbursements/payments for transportation and daycare may only be made for expenses that are reasonably necessary and directly related to participation in the FSET program.



Example

A volunteer works part-time and has been assigned to the training component for 5 hours a week. Child day care services may only be provided for the 5 hours that the individual participates in the Training activity.

G. CHANGES/TRANSFERS

1. The FSET worker must notify the Eligibility Worker of any changes in the registrant's situation that may affect the food stamp allotment or the individual's exemption status. This notification must be in writing and must occur within five working days of the change. The Communication Form must be used for this purpose.
2. Food Stamp cases are not transferred from one locality to another. If an individual moves to another locality the FSET case must be closed and the individual's status determined in the new locality.

H. CONTRACTS

Agencies may enter into financial agreements with individuals or organizations to operate all or portions of their FSET program. Agencies are bound by State statutes set forth in the Virginia Public Procurement Act and by any local procedures that may supersede the Act. Contracts with other state entities, including community colleges and **WIA** Service Delivery Area (SDA) are not subject to the requirements of the Virginia Public Procurement Act, but may be subject to local procurement procedures.

1. A copy of the contract must be submitted to the Central Office Food Stamp Unit for the purpose of maintaining a central library of FSET contracts. The contract should define what is to be monitored and evaluated for contract effectiveness.

2. Consideration in Contracting

Numerous individuals and agencies, both public and private, in almost every area of the State are capable of delivering services under an agency's FSET Plan. Prior to contracting, however, the agency should ascertain that the contractor could provide services of an equal or higher quality and/or at a lower cost than the agency itself. Care should be taken to insure that the contract represents an extension of services, rather than compensation for services previously provided at no cost. The contract must contain a certification from the provider that the services being contracted for are not otherwise available from the provider at no cost.



3. Services that can be contracted

Any program activity or service may be contracted.

4. Selection of Service Providers

When selecting service providers, the local agency must take into account such things as the past performance of the contractor in providing similar services, the contractor's demonstrated effectiveness, fiscal accountability, cost efficiency and other factors which the local agency determines are appropriate. A process must exist that documents these factors were considered.

5. Expected Services

The deliverable services of the contract should be written in such a way as to identify the performance and outcomes acceptable through the contract. These performance measures and outcomes will assist in determining the success of the contract. The definition of effectiveness and progress measures for the contract should be agreed upon prior to the start of the contract. Success should be defined incrementally and in terms of completion.

6. Payment and Reimbursement

Payment for a contract should always be linked to contract performance. Payments are typically prorated according to quantifiable rates of progress and/or performance. Most of the time, expenses are submitted for reimbursement. Under specific but rare circumstances, advances are allowed. A detailed budget should be attached to the contract.

7. Contract Duration

Contracts can be negotiated for any period of time agreeable to both the agency and the contractor so long as they terminate by the end of the fiscal year. To allow local agencies maximum flexibility in operating the FSET Program, contracts may be negotiated for a period of six months (or less) rather than for a year. Agencies who choose to contract for 12 months and who later become dissatisfied with the contractor's performance may terminate the contract by providing notice as stated in the contract.

8. Contract Requirements

a. Format

The agency must use the revised contract format approved by the



Attorney General's Office in contracting. Other formats may be utilized in addition, if required by the local government. A completed version of the state-approved format must be signed and sent to the Central Office along with a description of the services to be provided. The contract must show the total cost for all contracted services between the agency and the contractor. If more than one service will be provided, a separate cost for each service should be included in the description of the services.

b. Description of Services

Each service to be provided by the contractor must be described in full. Agencies contracting out more than one service will need to develop a description of each service.

The description must contain:

1. A summary of activities included in the service;
2. An explanation of roles of the contractor and agency in providing the service;
3. An explanation of the contractor's responsibility regarding required reporting;
4. A description of the numbers and kinds of clients who will receive the service (age, volunteers, and high school graduates, etc.);
5. A statement of the time frame for the service, including beginning and ending dates; and
6. A description of the specific anticipated outcomes.

c. Contract Monitoring

1. It is the responsibility of the local agency to monitor each contract on a frequent basis to ensure both that the terms of the contract are being met and that progress is being made toward achievement of the outcome goals.

Monitoring may be carried out through review of reports made by the contractor and contract site visits. At a minimum, the agency must require the contractor to submit monthly client specific progress reports as well as quarterly reports. The quarterly report should include



information on overall contract progress, identified problems and client outcomes. The final annual report should provide an objective review of summarizing the overall program operations for the contract period as well as client specific outcomes/progress.

2. It is the responsibility of the local agency, based on information from its monitoring of the contract, to determine the appropriateness of future contracts with the same contractor.

#### I. SANCTIONS

A sanction is the denial or suspension of assistance to those persons who refuse to register for employment or who do not comply with FSET requirements.

Food stamp recipients who are determined mandatory for the FSET Program and who have signed the FSET registration form are required to participate in the FSET program. Registrants are subject to sanction if they fail to participate in the FSET program without good cause.

##### 1. Good Cause for Failure to Participate

- a. Prior to imposing a sanction, the FSET worker must determine that a good cause reason for failure to comply did not exist at the time of noncompliance. Documentation must be requested from the participant as part of the evaluation.
- b. A participant who has good cause for noncompliance will not be sanctioned. Good cause exists if:
  1. The participant's inability to fulfill program requirements is due to circumstances outside his/her control or is the result of a change in circumstances over which the participant had no control;
  2. Childcare is necessary for an individual to accept employment or enter or continue in the program, and childcare cannot be arranged by the recipient nor provided by the agency.
  3. Transportation is necessary for an individual to accept employment or enter or continue in the program, and transportation can not be arranged by the recipient nor provided by the agency.



- c. The good cause investigation will consist of an evaluation of information in the case record. When there has been no recent contact with the participant, efforts must be made to determine if the participant has contacted the FSET worker to discuss the problem, giving a reason for not attending an interview, or for not completing an assignment, or having not kept any program related appointment.
- d. A reasonable effort must be made to contact participants who are unable to read. The worker must document that an attempt by telephone or a personal contact has been made prior to referring the case for sanctioning.

The purpose of this contact is to ensure the participant understands the mandatory nature of the program and has an opportunity to explain the reason for noncompliance.

2. Reasons for Applying FSET Sanctions

Failure to:

- a. complete and return the pre-assessment form or other requested information by the required date;
- b. report for scheduled appointments and/or interviews;
- c. actively engage in Job Search or to complete requirements designated in the annual local FSET plan and state policy;
- d. report to or complete a Work Experience assignment, including job search;
- e. report to or complete assigned education and training activities, including job search;
- f. report to or complete other assigned FSET activities as stated on the Plan of Participation;
- g. accept available supportive services, thereby preventing participation in any mandatory program activity;
- h. accept a bona fide offer of suitable employment. A bona fide job offer is an actual job offer given in good faith without dishonesty, fraud or deceit. The job offer must:
  - 1. not be beyond the physical or intellectual capabilities of the registrant; and



2. provide reasonable compensation (either the federal minimum wage or the prevailing wage in the community for that type of job).
  - i. report to an employer to whom the registrant was referred by the FSET worker.
3. Required Documentation
  - a. A copy of all correspondences with the registrant must be in the case record.
  - b. The Plan of Participation (unless the registrant fails to appear for assessment, or appears but refuses to participate in the assessment) stating the FSET activity to which the registrant was assigned and any actions required by the participant.
  - c. Contact Sheet documenting all contacts with the registrant.
  - d. FSET Notice of Sanction.
  - e. Any referrals to an education, training or work experience provider.
  - f. Any records of registrant's performance or progress in an activity.
  - g. Any records of registrant's attendance, i.e. The Weekly Time and Attendance Record or the Work Experience Attendance and Performance Record.
4. FSET Notice of Sanction
  - a. This notice is sent to a participant prior to the referral to the EW for sanction.
  - b. The FSET worker must send the Notice within three working days of the date he/she becomes aware of the act of noncompliance.
  - c. The Notice must inform the registrant of the specific requirement that was not met and advise the registrant to contact the FSET worker within five working days from the date the Notice of Sanction was mailed to establish good cause. The Notice must also inform the registrant that the FS allotment might be terminated or reduced.



1. If the registrant does not respond to the Notice by the date given, he/she must be referred to the EW for sanctioning.
2. If the registrant responds to the Notice, the information becomes part of the documentation needed to determine if the sanction will be imposed. If the registrant does not present good cause, he/she must be referred to the EW for sanctioning. If good cause is determined to exist, no sanction will be imposed.

5. Sanction Process

- a. In agencies in which both the FSET program and the FS case are not managed by one worker, the FSET worker must advise the EW that a sanction is required, when to impose the sanction and which time period to impose. The Communication Form must be used. The EW must send the participant the Food Stamp Sanction Notice for Non-Compliance with A Work Requirement to explain the reason for the sanction, the amount of benefit reduction to be imposed, and the duration of the sanction.

In agencies in which both the FSET program and the FS case are managed by one worker, that worker must send both the FSET Notice of Sanction and the Food Stamp Sanction Notice For Non-Compliance With A Work Requirement at the appropriate times.

- b. The sanction must be imposed the first month following the month in which the case was referred for sanctioning, if administratively possible. If not administratively possible, the sanction will be imposed the following month.
- c. The FSET case must remain open until the EW notifies the FSET worker that the sanction is in effect (i.e., the food stamp case has closed or the non-complying individual has been removed from the allotment).
- d. See [Part VIII.C](#) for a discussion of sanction periods.

6. Determining Compliance after the Sanction Is Imposed

The sanction period must be served before the household or individual is eligible again except in instances when the individual who caused the action leaves the household or becomes exempt from work registration **or from FSET requirements**. The individual must comply with the FSET program requirements to the satisfaction of the FSET worker.



J. APPEALS/HEARINGS

1. Right of Appeal

All registrants have the right to appeal any agency decision that might result in adverse action being taken against them.

The appeal process in place for the food stamp certification actions must be used to ensure fair hearings for recipients who wish to contest the actions taken by the agency as a result of their non-compliance with FSET requirements. See [Part XIX](#) for the appeals process.

If the registrant files a valid appeal within the established time frame, the food stamp allotment must be reinstated until the hearing officer renders a decision **unless the household does not want the benefits to continue.**

2. Hearings

a. For all appeals involving FSET sanctions, with the exception of the situation in which a household member refuses to register, the following procedures must be followed:

1. The Eligibility staff must notify the FSET worker of the date and time of any pre-hearing conference and of the date and time of the appeal hearing set by the hearing officer.
2. A representative of the FSET Unit must be present during the pre-hearing conference and the appeal hearing.
3. The summary of facts must be prepared jointly by the EW and the FSET worker.

See [Part XIX](#) for additional procedures for the fair hearing process.

b. The FSET case must remain open until a decision is rendered.

1. If the agency action is reversed, the registrant must be reassessed to determine the appropriate component assignment.
2. If the agency action is sustained, the FSET case must be closed.



K. STATISTICS AND REPORTING

Local agencies operating the FSET Program must provide program statistics. The information must be reported on the FSET Statistical Report Form. An original copy of this form is to be mailed to:

VA Department of Social Services  
Division of Finance  
**7 North Eighth Street**  
Richmond, VA 23219

The local agency should maintain a copy of the completed form. The form must be mailed so that it is received by the Division of Finance by the tenth calendar day after the close of the report month. Direct questions about the form to the Division of Finance at (804) **726-7210**.

L. LOCAL FOOD STAMP EMPLOYMENT AND TRAINING PLAN

Each Local Agency must submit an annual FSET Plan to the State Department of Social Services by July 1<sup>st</sup> of each year. The plan must describe the locality's FSET program and must follow the following format:

1. Intent of the FSET program in the locality.
2. A numerical description of the FSET population.
  - a. ABAWDS - persons who are eligible for time-limited benefits through the Work Requirement
  - b. Non ABAWDS - persons exempted from the Work RequirementSee [Part XV](#) for the discussion of the Work Requirement.
3. The employment needs of the population.
4. Information regarding local labor market trends.
5. The number of workers with FSET duties.
6. The locality's budget for the FSET program. This is the total FSET allocation broken down into the areas where the money will be spent. This may include salaries, fringe benefits, purchases, contractual costs, etc.
7. A plan of participation by component.
8. A detailed description of the local agency's Standard Operating Procedures that address these elements:



a. Referral and Case Opening Procedures

1. The procedure by which a potential participant is referred.
2. The steps for opening a case once it has been referred and the time frame by which this must be done.

b. Assessment Procedures

1. Describe what will be used to identify and evaluate the participant's occupational skills, strengths, and weaknesses. Describe how this information will be used to assess immediate employability.
2. Describe procedures for conducting educational tests and assessments. Include the following in the description of the procedures:
  - Assessment tools that will be used
  - Types of tests to be used
  - Criteria for determining who should be tested
  - Incorporation of test results into case records
  - Staff responsible for conducting assessment
  - Referral procedures if test and assessments are conducted outside of the agency
3. Describe how assessment information of other agencies will be integrated with the FSET assessment. Other agencies include DRS, VEC, and Mental Health.

c. Component Assignment

1. Describe how program components are assigned.
2. Describe the locality's approach to developing and maintaining a current list of local providers for each component.
3. Describe how the agency monitors component activities and evaluates them for effectiveness.



- d. Social and Supportive Services
  - 1. Develop a list of the specific services available to FSET registrants in the locality.
  - 2. Describe how and why spending limits are set and describe what steps will be taken to assure equity for each registrant.
- e. Monitoring Worker Performance
  - 1. Explain how caseloads will be monitored.
  - 2. Describe any locally developed procedures, such as case reading, used in monitoring program effectiveness.
- f. Monitoring Participation and Progress
  - 1. Delineate the optimal time frames the agency has set for completion of each component activity when applicable. Describe the methods and means by which the agency monitors registrant progress in each of the components.
  - 2. Describe how the agency tracks and documents the registrant's advancement in and completion of components.
  - 3. Describe how the agency documents participation hours and how the documentation is maintained.
- g. Contracts
  - 1. Describe the process by which decisions are made to contract for FSET Program services, the factors involved in making these decisions, and the level of responsibility for the decisions. Consideration should be given to the following issues:
    - Local procurement process
    - Development of the contract, including clear outcome measures and quantifiable agency and contractor expectations
    - Contract monitoring
    - Contract termination for non-performance
  - 2. Describe the procedures and timeframes the agency will follow in providing Central Office with copies of the proposed contract.



VIRGINIA FSET AGENCIES

<b>AGENCY</b>	<b>FIPS</b>	<b>AGENCY</b>	<b>FIPS</b>
Alexandria	510	Pittsylvania	143
Arlington	013	Portsmouth	740
Bristol	520	Prince William	153
Brunswick	025	Richmond City	760
Chesapeake	550	Roanoke City	770
Danville	590	Roanoke County	161
Fairfax	059	Rockbridge/Lexington/Buena Vista	163
Hampton	650	Smyth	173
Henry/Martinsville	089	Surry	181
King & Queen	097	Tazewell	185
Newport News	700	Virginia Beach	810
Norfolk	710	Wythe	197



VIRGINIA DEPARTMENT  
OF SOCIAL SERVICES

Employer's First Report of Accident Form

5/00

VOLUME V, PART XXV, APPENDIX II, PAGE 1

**Employer's First Report of Accident**

Virginia Worker's Compensation Commission  
1000 DMV Drive Richmond VA 23220  
See instructions on the reverse of this form

<p>The boxes To the right are for the Use of the insurer</p>		VWC file number	Reason for filing
		Insurer code	Insurer location
		Insurer claim number	
<b>Employer</b>			
1. Name of employer		2. Federal Tax Identification Number	
4. Mailing address		3. Employer's Case No. (if applicable)	
6. Parent corporation (if applicable)		5. Location (if different from mailing address)	
8. Insurer (name and location)		7. Nature of business	
		9. Policy number	10. Effective date
<b>Time and Place of Accident</b>			
11. City of county where accident occurred		Did accident occur on <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Date of injury		15. Hour of injury	13. State property? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Date of incapacity		17. Hour of incapacity	
18. Was employee paid in full of day of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Was employee paid in full for day incapacity began? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Date injury or illness reported		21. Person to whom reported	22. Name of other witness
		23. If fatal, give date of death	
<b>Employee</b>			
24. Name of employee (Last, First, Middle)		25. Phone number	26. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
27. Address		28. Date of birth	29. Marital status
		30. Social security number	<input type="checkbox"/> Single <input type="checkbox"/> Divorced
			<input type="checkbox"/> Married <input type="checkbox"/> Widowed
31. Occupation at time of injury or illness		32. Department	33. Number of dependent children
34. How long in current job?	35. How long with current employer?	36. Was employee paid on a piece work or hourly basis? <input type="checkbox"/> Piece work <input type="checkbox"/> Hourly	
37. Hours worked per day	38. Days worked per week	39. Value of prerequisites per week	
40. Wages per hour \$	41. Earnings per week (inc. overtime) \$	Food/Meals \$	Lodging \$
		Tips \$	Other \$
<b>Nature and Cause of Accident</b>			
42. Machine, tool, or object causing injury or illness		43. Specify part of machine, etc.	were safeguards or safety equipment <input type="checkbox"/> Yes <input type="checkbox"/> No
46. Describe fully how injury or illness occurred			44. Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
			45. Utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No
48. Physician (name and address)		49. Hospital (name and address)	
50. Probable length of disability	51. Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes \$	52. At what wage?
54. EMPLOYER: prepared by (name, signature, title)		53. On what date?	
		55. Date	56. Phone number
57. INSURERE: processed by		58. Date	59. Phone number

This report is required by the Virginia Worker's Compensation Act

First Report of Accident  
VWC Form No. 3 (rev.10/1/91)



INSTRUCTIONS

Employer's First Report of Accident  
VWC Form No. 3

Employer

1. Fill out this form whenever one of your employees is injured. Provide all the information requested, except the information in the top right corner. Please type or print all information in black ink. Your signature is required at the bottom of the form.
2. Send the original beige form to your insurance carrier or claims servicing agency for processing. If you are self-insured, send it to your organization's designated office for handling workers' compensation claims.
3. If you are an employer subject to OSHA record-keeping requirements, you may retain a copy of this completed form as a supplementary record of occupational injury or illness. Use block #3 (Employer's Case No.) to cross-reference your master log of accidents and illnesses.
4. If you need additional copies of this form, please request them from your insurance carrier or claims servicing agency.

Insurance carriers, self-insured employers, and authorized representatives

1. For accidents meeting one of the seven criteria for establishing a Commission Case File, submit the original beige form and one copy to the Virginia Workers' Compensation Commission at 1000 DMV Drive, Richmond VA 23220. The code for the reason for filing should be written at the top right of the form.
2. When processing these forms prior to transmittal to the Commission, please include the information requested at the top right of the form, verify that the carrier name and policy number given by the employer are accurate, and enter your name and phone number, and the date of processing at the bottom of the form.
3. Insurer code at the top right of the form refers to the five-digit code assigned by NCCI. If you are self-insured, it refers to a similar five-digit number assigned by the Virginia Workers' Compensation Commission.
4. Additional copies of this form are available without cost by writing to the Commission. Please note that color coding of the forms greatly increases the Commission's efficiency in processing claims, and that any alternate versions of the form you develop yourself require prior approval by the Commission. Write to "Forms" at the listed Virginia Workers' Compensation Commission address.

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The criteria are: (1) lost time exceeds seven days, (2) medical expenses exceed \$1,000, (3) compensability is denied, (4) issues are disputed, (5) accident resulted in death, (6) permanent disability or disfigurement may be involved, and (7) a specific request is made by the Virginia workers' compensation commission.



**FSET FORMS**

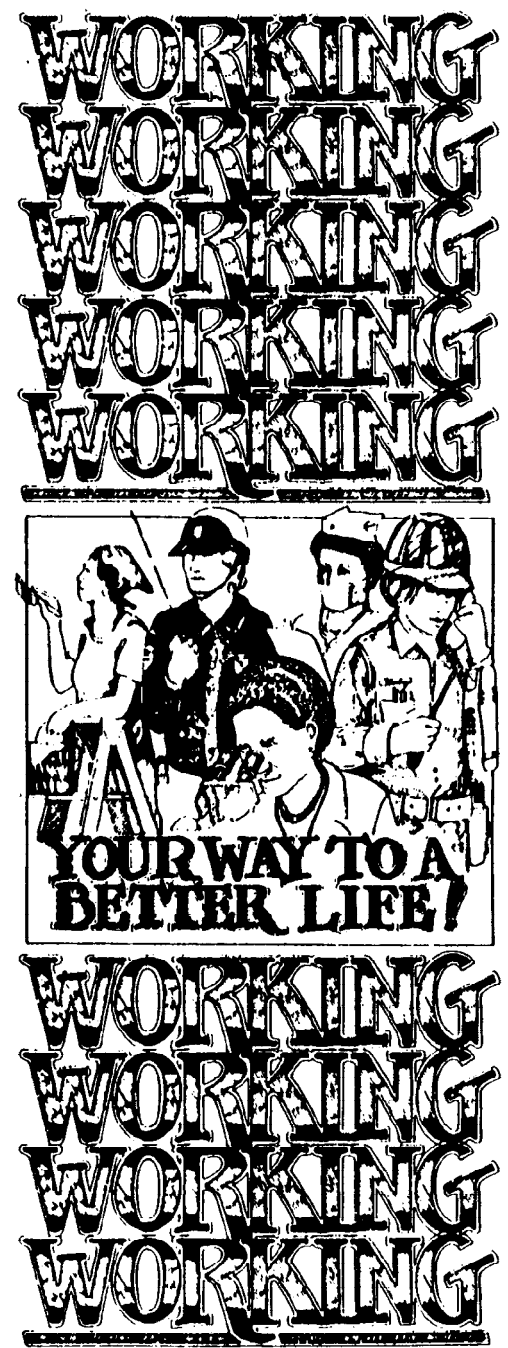
<u>FORM NUMBER</u>	<u>NAME</u>	<u>PAGES</u>
032-01-921	Working Your Way to a Better Life Pamphlet	1-3
032-02-014	FSET Pre-Assessment Form	4-5
032-02-074/9	FSET Assessment Form	6-9
032-02-075/3	FSET Plan of Participation	10-12
032-02-077/4	FSET Job Search Form	13-15
032-02-081/4	FSET Work Site Agreement	16-17
032-02-080/2	Work Experience Position Form	18-19
032-02-082/5	Referral to Work Experience Site	20-21
032-02-083/2	Work Experience Attendance and Performance Record	22-23
032-02-083A/2	Time and Attendance Record	24-25
032-02-086/9	FSET Statistical Report	26-28
032-02-078/5	Contact Sheet	29-32
032-02-089/6	FSET Notice of Sanction	32-33
032-03-654/1	Medical Evaluation	34-36
032-02-072/7	EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM	37-38



# POCKET RÉSUMÉ

A Pocket Résumé is a summary of your work and education history. When you apply for a job, employers will ask you to list this information on an application form or to discuss it with them during an interview. By filling in the Pocket Résumé, you'll be prepared to give an accurate and complete description of your qualifications - and thereby get one step ahead of other job seekers.

NAME _____		TELEPHONE NO. _____	
ADDRESS _____		CITY/STATE _____	
BIRTHDATE _____		SOCIAL SECURITY NO. _____	
EDUCATION			
NAME/ADDRESS OF SCHOOL		YEAR COMPLETED	COURSE/DEGREE
GRADE SCHOOL			
HIGH SCHOOL			
VOCATIONAL			
COLLEGE			
OTHER			
WORK EXPERIENCE (PAID OR VOLUNTEER)			
EMPLOYER'S NAME & ADDRESS	SUPERVISOR	DUTIES	FROM TO WAGE/SALARY
REFERENCES			
NAME	ADDRESS	POSITION	TELEPHONE NO.
OTHER INFORMATION			
HOBBIES	INTERESTS	SPECIAL SKILLS	





## Tips For Job-Seeking Success

### BELIEVE IN YOURSELF

Remember, you have much to offer an employer.

### THERE ARE MANY JOBS AVAILABLE

Even when unemployment is high. Jobs open up all the time as people move, get transferred, stop work, or retire.

### DON'T LIMIT YOURSELF TO ONE TYPE OF JOB.

Remember that you can do many things. If there are no jobs available in the Kind of work that you have done before, don't be afraid to look for a job in a Different field.

### GO AFTER THE "HIDDEN JOB MARKET"

by getting job leads from the yellow pages of the phone book, from your friends and relatives, and by going directly to places for employment. Study the want ads, too, but don't limit yourself to them since most job openings are never anticipated.

### GET YOUR FAMILY TO HELP

so that your times is as free as possible to look for a job. Tell your friends and relatives you are looking for a job. Over half of all jobs are found due to the help of friends and relatives.

### TREAT JOB-SEEKING AS A FULL TIME JOB.

About half of each day should be spent getting job leads and interviews. Plan to spend the rest of each day on actual interviews and in filling out job applications.

### KEEP YOURSELF ORGANIZED.

Have a folder to keep your papers in. Keep records of where you've been and who you talked to.

### FILL OUT THE POCKET RÉSUMÉ

on the back of this pamphlet and use it when you are asked to fill out a job application. If you need any help, see your Employment Services Worker.

### GET LETTERS OF RECOMMENDATION

from former employers and friends who know you well. Have copies made so that you can leave them with interviewers and attach them to job applications.

### ALWAYS GET THE NAME OF THE PERSON WHO CAN ACTUALLY HIRE YOU

and talk to that person. Usually someone's secretary or a personnel department employee cannot hire you. Phone or go in person to get face-to-face interview.

### LEAVE FAMILY AND FRIENDS AT HOME WHEN YOU GO FOR THE INTERVIEW.

The employer is looking for an independent, capable person. One way to show that you are that kind of person is to handle the interview by yourself.

### DRESS NEATLY.

First impressions do count!

### DON'T FORGET TO MENTION THE PERSONAL QUALITIES

that will make you a good worker. Some of these qualities might include getting along well with people, learning quickly, being reliable, etc.

### KEEP TRYING!

Get in the habit of arranging a time to call back to check on the status of your application or to see if there are any new openings. By doing this, your chances of getting hired are greater.

### DON'T GET DISCOURAGED!

Your chances of getting a job increase with each interview you have.

THERE IS NO REASON TO TELL  
AN EMPLOYER YOU ARE  
RECEIVING ASSISTANCE  
unless you wish to do so.

### YOUR EMPLOYMENT SERVICES WORKER

is unable to offer any help you may need. Good luck!



WORKING YOUR WAY TO A BETTER LIFE PAMPHLET

FORM NUMBER - 032-01-921

PURPOSE OF FORM - This pamphlet provides FSET registrants with "Tips for Job-Seeking Success."

USE OF FORM - The pamphlet is used by FSET Workers/Case managers to give registrants helpful hints on how to successfully seek employment and to provide participants with a place to record basic educational and employment history.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original to registrant

INSTRUCTIONS FOR USE OF PAMPHLET:

Distribute to registrants as needed.

This pamphlet is designed for use in individual or group job search efforts.



5/00

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
FOOD STAMP EMPLOYMENT & TRAINING (FSET) PRE-ASSESSMENT FORM

*Please complete this form and mail it back to us in the enclosed envelope:*

YOUR FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ LAST GRADE COMPLETED: \_\_\_\_\_ ARE YOU ABLE TO READ ENGLISH? \_\_\_ YES \_\_\_ NO  
LIST ANY TRAINING, SKILLS OR SPECIAL SCHOOLING YOU HAVE: \_\_\_\_\_  
DID YOU COMPLETE A COURSE? \_\_\_\_\_ DID YOU RECEIVE A CERTIFICATE? \_\_\_\_\_ WHEN? \_\_\_\_\_

ARE YOU WORKING NOW? \_\_\_ YES \_\_\_ NO IF NO, DO YOU EXPECT TO BE WORKING SOON? \_\_\_ YES \_\_\_ NO  
PLEASE TELL US ABOUT YOUR CURRENT JOB OR LAST JOB:  
EMPLOYER'S NAME: \_\_\_\_\_  
YOUR JOB TITLE: \_\_\_\_\_ DATE BEGAN: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_  
YOUR DUTIES: \_\_\_\_\_  
PAY PER HOUR: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
WHAT OTHER TYPES OF JOBS HAVE YOU HELD IN THE PAST?  
WHAT TYPE OF EMPLOYMENT ARE YOU INTERESTED IN?

IS THERE ANYTHING WE NEED TO KNOW IN HELPING YOU FIND EMPLOYMENT? (CHECK ALL THAT APPLY TO YOU)

\_\_\_ LACK OF SKILLS OR TRAINING PROBLEMS \_\_\_ LACK OF CHILD CARE \_\_\_ NEED EYEGLASSES \_\_\_ MEDICAL  
\_\_\_ NO JOBS AVAILABLE PROBLEMS \_\_\_ LACK OF TRANSPORTATION \_\_\_ CANNOT READ \_\_\_ FAMILY  
\_\_\_ DID NOT FINISH HIGH SCHOOL \_\_\_ LANGUAGE PROBLEMS \_\_\_ OTHER \_\_\_\_\_

\*PLEASE GIVE DETAILS FOR ANY ITEMS YOU HAVE CHECKED:

IS THERE ANYTHING ELSE WE NEED TO KNOW ABOUT YOU OR YOUR SITUATION?

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\* PLEASE RETURN THIS FORM IN THE ENCLOSED STAMPED ENVELOPE TODAY \***

Assigned to \_\_\_\_\_ Pending \_\_\_\_\_ Inactive \_\_\_\_\_ AGENCY USE ONLY  
Active (specify) \_\_\_\_\_  
Reason: \_\_\_\_\_  
Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Worker #: \_\_\_\_\_ Date: \_\_\_\_\_



FSET PRE-ASSESSMENT FORM

FORM NUMBER - 032-02-014

PURPOSE OF FORM - This form may be used prior to conducting an initial assessment in order to screen participants for the FSET program. The form records basic information concerning the registrant's education level, skills and abilities, ability to read English, recent work experience, employment goal and barriers to employment.

USE OF FORM - The information on this form is used to assess the job readiness of the registrant and serves as a screening tool to help the FSET Worker decide whether participation in the program is feasible.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original must be maintained in the registrant's case record.

INSTRUCTIONS FOR PREPARATION OF FORM: - This form may be mailed to the registrant, completed by him/her, signed and returned to the agency in the envelope provided by the agency. The form may also be completed by the Eligibility Worker in a face-to-face interview or by phone.



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
FOOD STAMP EMPLOYMENT AND TRAINING  
(FSET) PROGRAM

Registrant Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Assessment  
☐ Reassessment

☐ ABAWD

## FSET ASSESSMENT FORM

### A. EDUCATIONAL BACKGROUND

1. Last Grade Completed \_\_\_\_\_ Date \_\_\_\_\_
2. Other (test results, date given, type, etc.): \_\_\_\_\_  
\_\_\_\_\_
3. Other training/special schooling and dates: \_\_\_\_\_  
\_\_\_\_\_

### B. EMPLOYMENT HISTORY\* (Begin with the most recent job):

\*(Note: This information will be used to identify jobs into which participants may be placed immediately)

1. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
4. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Most favorite job? \_\_\_\_\_ Why? \_\_\_\_\_  
Least favorite job? \_\_\_\_\_ Why? \_\_\_\_\_

### C. VOLUNTEER WORK/HOBBIES/ABILITIES (Transferable Skills):

\_\_\_\_\_  
\_\_\_\_\_



- D. 1. Do you have a current driver's license? \_\_\_\_\_
2. Do you have access to a car? \_\_\_\_\_ If not, what do you do for transportation?  
\_\_\_\_\_
3. Have you ever been convicted of a felony? \_\_\_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_
4. Do you have an illness or disability (as diagnosed by a doctor) that would prevent you from accepting a job? \_\_\_\_\_ Explain \_\_\_\_\_
5. What type of child care could you arrange to help you accept a job? \_\_\_\_\_
6. Have you registered with the Virginia Employment Commission (VEC)? \_\_\_\_\_  
If so, when was the last time you contacted the VEC? \_\_\_\_\_
7. Have you registered with WIA (Workforce Investment Act) or like programs?  
\_\_\_\_\_
8. Are you scheduled to begin an education or training program in the next sixty (60) days? \_\_\_\_\_  
If so, where? \_\_\_\_\_

E. Which of the following are barriers to your finding and/or keeping a job? (Circle all that apply):

Family Circumstances  
Legal/Criminal

Homeless  
Child Care

Substance Abuse  
Transportation

Other: \_\_\_\_\_

List ways that you can help to overcome each barrier circled: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. CONSIDERATIONS IN EMPLOYMENT PLANNING: (check all that apply)

☐ No prior Work History/Intermittent Work History

☐ Lack of Credentials/Certifications

☐ Limited English Speaking/Reading Ability

☐ Lack of Transportation

☐ Lack of HS Diploma/GED

☐ Lack of Job Skills

☐ Disability \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Homeless

☐ Child Day Care

☐ Migrant Worker

☐ Legal/Criminal

☐ Substance Abuse

G. JOB INTERESTS/EMPLOYMENT GOAL: \_\_\_\_\_

H. GENERAL COMMENTS/SUMMARY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



FSET ASSESSMENT FORM

FORM NUMBER - 032-02-074

PURPOSE OF FORM - This form is initially completed at the time of the FSET assessment interview. The form records information concerning the FSET registrant's educational background, employment history, interests and abilities, and employment goals. This form will also be updated at reassessment interviews.

USE OF FORM - The information on this form is used to assess the job readiness of the FSET registrant and serves as a foundation for development of the FSET registrant's FSET Plan of Participation. This form will be used after the initial assessment process to record dated information of the FSET registrant's educational background, employment history, abilities, and employment goals. Information added after the initial assessment needs to be dated as to MM/DD/YY of entry. Should the information on this form change significantly during the course of the program participation or should there be no more room on the form for recording updated information, it is appropriate for a new form to be completed.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original will be maintained in the FSET registrant's case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Check the appropriate line to indicate "Assessment" for initial assessment or "Reassessment" for reassessment interviews. If the registrant is an ABAWD check the appropriate line.

A. EDUCATIONAL BACKGROUND:

Information about the last grade completed is obtained from the FSET registrant during the assessment interview. The worker/case manager will use this part of the form to record functional education level testing. Record any training, special schooling or post-secondary education. Be sure to include dates attended and any certification(s) or degree(s) obtained. Information about test results may be recorded at the time of initial assessment, if known, or may be added at the time of reassessment.

B. EMPLOYMENT HISTORY:

This section provides a chronological listing of the FSET registrant's employment. Information about the FSET registrant's duties on the job, reasons for leaving, and job preferences are important for employability planning.



- C. VOLUNTEER WORK/HOBBIES/ABILITIES:  
In this section include any information that could assist the on-going employability planning process. This information will be particularly useful in assessing FSET registrants with limited skills/employment histories.
- D. These questions are designed to help the FSET registrant think about some of the things, which may affect his/her employability as well as his/her ability to be self-sufficient. Each question needs to be completed as thoroughly as possible and discussed with the FSET registrant at the time of the interview.
- E. This section is designed to allow the FSET registrant to acknowledge things, which may impact his/her progress toward self-sufficiency. If problems are identified, the FSET registrant has an opportunity to decide for him/herself how these problems may be resolved.
- F. This section is designed to help the worker/case manager identify major considerations in planning with the registrant. This is a list of potential obstacles to the FSET registrant's achieving employment. In discussing employability planning with each FSET registrant, this list will enable the worker to identify these obstacles and to discuss how the FSET registrant and the worker/case manager will cooperatively endeavor to remove them.
- G. This section is designed to record any employment goal or area of job interest of the FSET registrant after careful evaluation of discussion about all of the information gathered during the interview.
- H. This section is designed for the worker/case manager to record any additional information not addressed on the form.



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
FOOD STAMP EMPLOYMENT AND TRAINING  
(FSET) PROGRAM

REGISTRANT NAME: \_\_\_\_\_  
CASE #: \_\_\_\_\_  
DATE: \_\_\_\_\_

**FSET PLAN OF PARTICIPATION**

**PLANNED COMPONENT  
ASSIGNMENT**

YES NO

Currently employed full-time

\_\_\_\_\_

Currently employed part-time

\_\_\_\_\_

Planned  
Begin Date

Planned  
End Date

Planned  
Weekly Hrs

Job Search

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Search Training

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Experience

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Training

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURRENT PROGRAM ACTIVITY ASSIGNMENT**

Program Activity Assignment

Description/  
Location

Planned  
Begin Date

Planned  
End Date

Planned  
Weekly Hrs.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ **PENDING** Dates: \_\_\_\_\_

☐ **INACTIVE** Dates: \_\_\_\_\_

List reasons for assignment to Pending or Inactive and the steps necessary to resolve problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SUPPORTIVE SERVICES**

☐ Day Care                      ☐ Transportation                      ☐ Other (please describe)                      ☐ None

Participant responsibilities for current component assignment(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agency responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARTICIPANT OBLIGATIONS**

I understand that I am responsible for keeping the agency informed of my progress and needs. I agree to call the worker/case manager whose name is listed at the bottom of this page if I have a problem that makes it impossible to keep an appointment or if I wish to discuss or change an activity. I agree to continue in my current activity until I have discussed any problem I may have with my worker/case manager.

I understand that if I fail to participate without a good reason my Food Stamp case may be reduced or closed.

☐ **FOR PARTICIPANTS ASSIGNED TO COMPONENTS**

I will carry out the responsibilities as agreed.

☐ **FOR PARTICIPANTS ASSIGNED TO PENDING**

I understand that I am not actively participating at this time, but that I must answer all calls and letters from agency staff since I may be required to participate in the future.

☐ **FOR PARTICIPANTS ASSIGNED TO INACTIVE**

I understand that I will not actively participate at this time. I also understand that I must answer all calls and letters from agency staff since I may be required to participate in the future.

**PARTICIPANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CASE MANAGER'S SIGNATURE** \_\_\_\_\_ **PHONE** \_\_\_\_\_



FSET PLAN OF PARTICIPATION

FORM NUMBER - 032-02-075

PURPOSE OF FORM - This form outlines a strategy designed by the worker/case manager and the FSET registrant to achieve long and short-term goals in working toward employment as decided upon during the initial assessment and recorded on the FSET Assessment Form. It details specific activities to which the registrant will be assigned and identifies any service needs during the assignments to these activities.

USE OF FORM - This form is prepared initially at assessment and at the time of each reassessment. A copy of this form may serve as the Service Application if there is a need for supportive services.

NUMBER OF COPIES - Three

DISPOSITION OF COPIES - Original is maintained in registrant's case record  
1<sup>st</sup> copy to FSET registrant  
2<sup>nd</sup> copy to Service Worker, if necessary

INSTRUCTIONS FOR PREPARATION OF FORM:

PLANNED COMPONENT ASSIGNMENT - This section is designed to list the components to which the FSET registrant will be assigned during the course of program participation. This information in its entirety needs to be completed at the initial assessment and at each assessment.

CURRENT PROGRAM ACTIVITY ASSIGNMENT - This space is provided for the worker/case manager to list the current component assignment(s) along with planned location dates and hours. Record the date as MM/DD/YY. Any placement to pending or inactive needs to be explained in the space provided.

SUPPORTIVE SERVICES - Identify any services needed by the FSET registrant to engage in the required program activities.

PARTICIPANT RESPONSIBILITIES - Outline the specific steps the FSET registrant is required to take in order to comply with program requirements. The worker/case manager will determine the amount of detail needed in this section on a case by case basis.

AGENCY RESPONSIBILITIES - Outline the responsibilities the agency will assume to assist the registrant in carrying out the activities identified.

PARTICIPANT OBLIGATIONS - By signing this section of the form, the FSET registrant notes participation in planning for the activities described and acceptance of responsibility as a FSET program registrant.



5/00

VOLUME V, PART XXV, APPENDIX III, PAGE 13

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

Registrant Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_

**FOOD STAMP EMPLOYMENT AND TRAINING  
(FSET) PROGRAM**

**FSET JOB SEARCH FORM**

**IMPORTANT!** YOU HAVE BEEN ASSIGNED TO JOB SEARCH. USE THIS FORM TO RECORD THE CONTACTS YOU ARE REQUIRED TO MAKE WITH EMPLOYERS WHILE YOU ARE LOOKING FOR A JOB. IF YOU DO NOT COMPLETE THIS FORM AND RETURN IT TO YOUR CASEMANAGER, YOUR FOOD STAMP CASE MAY BE REDUCED OR CLOSED.

**REMEMBER YOU MUST:**

- Have a face-to-face interview and/or leave a job application and/or a resume' with at least \_\_\_\_\_ employers during the next \_\_\_\_\_ weeks.
- Accept suitable job offers.
- Notify your FSET Worker/Case Manager as soon as you get a job.
- Register with the Virginia Employment Commission. This is considered a contact.

Complete the Job Search Form(s) and:

- ☐ Return this form by \_\_\_\_\_ to \_\_\_\_\_.
- ☐ Keep the interview scheduled with your case manager and bring your completed forms on:  
\_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_  
Date Time Address

FSET Worker/Case Manager: \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYER CONTACT LIST:**

REMEMBER! These contacts may be verified by your worker/case manager. You do not need to get the signature of the employers you contact. To count as a contact, you must have a face-to-face interview or leave an application and/or a resume.

YOUR CONTACTS	DID YOU: (CHECK ANY THAT APPLY)
COMPANY: VIRGINIA EMPLOYMENT COMMISSION	<input type="checkbox"/> REGISTER
ADDRESS: _____	<input type="checkbox"/> SUBMIT AN APPLICATION/RESUMÉ
_____	<input type="checkbox"/> INTERVIEW
TYPE OF JOB: _____	RESULT OF CONTACT: _____
PERSON CONTACTED: _____	_____
DATE OF CONTACT: _____	_____



YOUR CONTACTS	DID YOU: (CHECK ANY THAT APPLY)
<p>COMPANY: _____</p> <p>ADDRESS: _____</p> <hr/> <p>TYPE OF JOB: _____</p> <p>PERSON CONTACTED: _____</p> <p>DATE OF CONTACT: _____</p>	<p><input type="checkbox"/> REGISTER</p> <p><input type="checkbox"/> SUBMIT AN APPLICATION/RESUMÉ</p> <p><input type="checkbox"/> INTERVIEW</p> <p>RESULT OF CONTACT: _____</p> <p>_____</p>
YOUR CONTACTS	DID YOU: (CHECK ANY THAT APPLY)
<p>COMPANY: _____</p> <p>ADDRESS: _____</p> <hr/> <p>TYPE OF JOB: _____</p> <p>PERSON CONTACTED: _____</p> <p>DATE OF CONTACT: _____</p>	<p><input type="checkbox"/> REGISTER</p> <p><input type="checkbox"/> SUBMIT AN APPLICATION/RESUMÉ</p> <p><input type="checkbox"/> INTERVIEW</p> <p>RESULT OF CONTACT: _____</p> <p>_____</p>
YOUR CONTACTS	DID YOU: (CHECK ANY THAT APPLY)
<p>COMPANY: _____</p> <p>ADDRESS: _____</p> <hr/> <p>TYPE OF JOB: _____</p> <p>PERSON CONTACTED: _____</p> <p>DATE OF CONTACT: _____</p>	<p><input type="checkbox"/> REGISTER</p> <p><input type="checkbox"/> SUBMIT AN APPLICATION/RESUMÉ</p> <p><input type="checkbox"/> INTERVIEW</p> <p>RESULT OF CONTACT: _____</p> <p>_____</p>
YOUR CONTACTS	DID YOU: (CHECK ANY THAT APPLY)
<p>COMPANY: _____</p> <p>ADDRESS: _____</p> <hr/> <p>TYPE OF JOB: _____</p> <p>PERSON CONTACTED: _____</p> <p>DATE OF CONTACT: _____</p>	<p><input type="checkbox"/> REGISTER</p> <p><input type="checkbox"/> SUBMIT AN APPLICATION/RESUMÉ</p> <p><input type="checkbox"/> INTERVIEW</p> <p>RESULT OF CONTACT: _____</p> <p>_____</p>



FSET JOB SEARCH FORM

FORM NUMBER - 032-02-077

PURPOSE OF FORM - This form provides written documentation of the FSET registrant's job search contacts.

USE OF FORM - FSET registrants must use this form to record employer contacts and the outcome of the contacts during assignment to a job search component.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original becomes a part of the case record when the FSET registrant completes job search and returns the form.

INSTRUCTIONS FOR PREPARING FORM:

The FSET worker/case manager must complete the first section of the form. Discuss the information with the FSET registrant.

The "Employer Contact List" must be completed by the FSET registrant. The first lines in this section are to record the mandatory registration/contact with the Virginia Employment Commission. At the end of the job search assignment or at a time designated by the FSET worker/case manager, the form is returned to the agency. The FSET worker/case manager must explain to the FSET registrant how the form is to be returned. Employers are not required to sign the form.

A statement on the form cautions the FSET registrant that the FSET worker/case manager may contact the employer to verify the contact.

The second page of the form will need to be photocopied to provide enough space on the Employer Contact List to accommodate the number of job search contacts assigned to each registrant.



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

**FOOD STAMP EMPLOYMENT AND TRAINING (FSET)**

**FSET WORK SITE AGREEMENT**

The \_\_\_\_\_ Department of Social Services (hereafter referred to as the Agency) and \_\_\_\_\_ (hereafter referred to as the Work Site) enter into this agreement in good faith to provide work experience and/or training to participants of the Food Stamp Employment and Training (FSET) Program.

**THE AGENCY AGREES AS FOLLOWS:**

1. To refer appropriate registrants to the Work Site for consideration.
2. To provide a detailed explanation of FSET and the necessary paperwork for reporting requirements.
3. To provide necessary supportive services to enable the registrant to participate in FSET.

**THE WORK SITE AGREES AS FOLLOWS:**

1. To provide work experience and/or training for registrants chosen by the Work Site.
2. To not use registrants to displace current employees or to fill vacant established positions or perform tasks that would have the effect of reducing regular employee's work hours.
3. To not use registrants to perform political, electoral or partisan activities or in response to any strike, lockout or other bona fide labor dispute.
4. To provide reasonable working conditions which do not violate federal, state or local health or safety standards.
5. To provide competent supervision to registrants.
6. To prepare evaluation and time sheets for each registrant and submit this information to the Agency by the fifth working day of each month during the designated training period.
7. To furnish necessary materials to allow participants to perform assigned tasks.

This agreement will be in effect from \_\_\_\_\_ to \_\_\_\_\_  
(not to exceed one year)

\_\_\_\_\_  
Authorized Signature (Work Site)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date



FSET WORK SITE AGREEMENT

FORM NUMBER - 032-02-081

PURPOSE OF FORM - This form provides required documentation of the terms of the agreement between the work site and the agency.

USE OF FORM - This form is used to ensure understanding between the agency and the work site regarding work experience assignments.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original remains on file in agency. The work site retains copy

INSTRUCTIONS FOR PREPARATION OF FORM:

After discussion with the work site representative, this agreement must be completed so that both parties have an understanding of their mutual responsibilities.

Only one agreement with a work site is required.



**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
EMPLOYMENT SERVICES PROGRAMS**

## WORK EXPERIENCE POSITION(S)

This form is used to record information about each Work Experience position at a specific work site.

NAME OF WORK SITE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City Zip

If directions are needed, put on back of form.

CONTACT PERSON AND JOB TITLE \_\_\_\_\_

PHONE \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ NUMBER OF POSITIONS \_\_\_\_\_

SPECIFIC DUTIES \_\_\_\_\_

SKILLS NEEDED \_\_\_\_\_

WORK SITE WILL ACCEPT PARTICIPANT(S) DURING THE FOLLOWING HOURS:

Monday \_\_\_\_\_ to \_\_\_\_\_ Thursday \_\_\_\_\_ to \_\_\_\_\_ Sunday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_ Friday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_ Saturday \_\_\_\_\_ to \_\_\_\_\_ Total # Hours/Wk \_\_\_\_\_

WORK SITE SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

LEAD TIME NEEDED FOR ASSIGNMENT/CHANGES \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

WORK SITE CONTACT \_\_\_\_\_ DATE \_\_\_\_\_  
Signature

LOCAL AGENCY CONTACT \_\_\_\_\_ DATE \_\_\_\_\_  
Signature



WORK EXPERIENCE POSITION FORM

FORM NUMBER - 032-02-080

PURPOSE OF FORM - This information provides a description of a single position available at an organization with which the agency has a work site agreement.

USE OF FORM - The form is prepared by the worker/case manager as a guide for matching the registrant's qualifications with the requirements of the position.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original remains on file in agency.  
The copy is sent to work site.

INSTRUCTIONS FOR PREPARATION OF FORM:

Identifying information at the top of the form will be as specific as possible and updated regularly when changes occur at the site.

Details for the position description will be as specific as possible and will also be updated regularly.

Each available position at the site will have a separate position description form.



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

EMPLOYMENT SERVICES PROGRAMS

REFERRAL TO WORK EXPERIENCE SITE

Case # \_\_\_\_\_

Employment Goal: \_\_\_\_\_

PARTICIPANT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TO THE PARTICIPANT: Take this form with you when you report for your interview with:

Work Site Representative

on \_\_\_\_\_ a.m./p.m.  
Day of Week Month Day of Month Time

at \_\_\_\_\_  
Name of Work Site

Address \_\_\_\_\_

Specific Location \_\_\_\_\_

(Give building name, floor, room number, etc., as needed. If further directions are needed, put on back of form.)

If you are unable to keep this appointment, call your Food Stamps Employment and Trainer Worker/Case Manager whose name and phone number are at the bottom of this form. Call as soon as possible. DO NOT WAIT UNTIL AFTER THE TIME OF YOUR APPOINTMENT! If you do not have a good reason, your food stamp benefits may be reduced or cancelled. YOU MUST PRESENT THIS REFERRAL FORM AT THE INTERVIEW.

TO THE WORK SITE REPRESENTATIVE: The participant named above has been scheduled to interview with you for the Work Experience position of:

As agreed, this participant is available to work the following schedule:

Monday \_\_\_\_\_ to \_\_\_\_\_ Thursday \_\_\_\_\_ to \_\_\_\_\_ Sunday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_ Friday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_ Saturday \_\_\_\_\_ to \_\_\_\_\_ Total # Hours/Wk \_\_\_\_\_

This assignment will begin on \_\_\_\_\_  
Date

TO THE PARTICIPANT AND WORK SITE REPRESENTATIVE:

If you have any question call \_\_\_\_\_  
Food Stamps Employment and Training Worker/Case Manager

at \_\_\_\_\_  
Phone



REFERRAL TO WORK EXPERIENCE SITE

FORM NUMBER - 032-02-082

PURPOSE OF FORM - This form provides the registrant and the work site with written information about the registrant's assignment to or interview at the work site.

USE OF FORM - The form is used to refer registrants to a work site to interview for a position for which there is a Work Experience Position(s) Form on file. In addition, it may be used to refer a registrant to a specific assignment at a site.

NUMBER OF COPIES - Three

DISPOSITION OF COPIES - Original is maintained in registrant's case record  
1<sup>st</sup> Copy is sent to the work site  
2<sup>nd</sup> Copy is given to the registrant

INSTRUCTIONS FOR PREPARATION OF FORM

This form serves to refer a registrant for an interview or an assignment to a work experience position for which there is a position description on file.

The form contains information that the registrant will use to locate the site, to call the worker/case manager if a problem arises, and to understand the nature of the position for which they are being interviewed or to which they are being assigned.

The form also contains information, which will help the work site representative interview, the registrant, to understand for which position the registrant is applying/reporting, and to know whom the local agency contact person is for this particular registrant.

All sections of the form need to be completed in some detail for all parties to understand the referral.



5/00

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**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
EMPLOYMENT SERVICES PROGRAMS**

This form should be completed each month by the Work Site Supervisor and mailed by the 5th calendar day of the following month to the local social service agency. It enables Employment Services Program staff to monitor the participant's attendance and performance.

## WORK EXPERIENCE ATTENDANCE AND PERFORMANCE RECORD

Participant Name

Social Security Number

Local Social Service Agency

Work Site Agency

MONTH: \_\_\_\_\_

Date and Hours Worked

Date	Hours	Date	Hours
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	

Performance Evaluation

	Very Good	Good	Average	Poor
Knowledge of Assignment				
Punctuality				
Attitude				
Safety Habits				
Quality of Work				
Cooperation				
Initiative				
Grooming				
Works Well With Others				
Accepts Supervision				
OVERALL PERFORMANCE				

Participant has \_\_\_\_\_ days of unexcused absences.

Will the Participant be given a favorable job reference if requested? ☐ Yes ☐ No

If Participant is being dismissed, please give reason(s) on reverse of this form.

Total hours worked this month \_\_\_\_\_

Total hours participant was assigned to work this month \_\_\_\_\_

Work Site Supervisor \_\_\_\_\_  
Signature

Date \_\_\_\_\_



5/00

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WORK EXPERIENCE ATTENDANCE AND PERFORMANCE RECORD

FORM NUMBER - 032-02-083

PURPOSE OF FORM - This form provides a written means for the worker/case manager to monitor a registrant's progress in a work experience placement.

USE OF FORM - This form is used by the work site supervisor to record the attendance and evaluate the performance of the registrant in the work experience position. The form is also used by the worker/case manager to evaluate satisfactory participation (attendance) and any need for intervention to enhance the registrant's progress.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - The original is mailed to the agency by the fifth calendar day after the report month and becomes a part of the case record.

INSTRUCTIONS FOR PREPARATION OF FORM:

The agency is responsible for informing the work site supervisor of the responsibility to prepare the form monthly.

The agency is responsible for informing the work site supervisor of the number of hours the registrant will be assigned each month.

Both the "Date and Hours Worked" and the "Performance Evaluation" sections need to be completed in their entirety to enable the worker/case manager to provide supportive services (i.e. counseling, day care, etc.) and to monitor attendance.

The work site supervisor is responsible for completing, signing, dating, and mailing the form to the agency by the fifth calendar day after the close of the report month.

TRANSMITTAL #48



5/00

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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
**FOOD STAMP EMPLOYMENT AND TRAINING  
(FSET) PROGRAM**TIME AND ATTENDANCE RECORD  
Education and Training

This form should be completed each month by the Instructor and returned to the local social services agency by the 5<sup>th</sup> calendar day of the following month. It enables FSET Program staff to monitor the participant's time and attendance.

\_\_\_\_\_  
Participant Name\_\_\_\_\_  
Social Security Number\_\_\_\_\_  
Training Agency\_\_\_\_\_  
Instructor's Name\_\_\_\_\_  
Training Agency Phone #\_\_\_\_\_  
Local Social Services Agency**Date and hours Worked**

Date	Hours	Date	Hours
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16			

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_



5/00

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TIME AND ATTENDANCE RECORD

FORM NUMBER - 032-02-083A

PURPOSE OF FORM - This form provides a written means for the worker/case manager to monitor a registrant's time and attendance in an educational or training activity.

USE OF FORM - This form is used by the instructor to record the time and attendance of the registrant in an education or training activity. The form is also used by the worker/case manager to evaluate satisfactory attendance and to note any need for intervention to enhance the registrant's progress.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - The original is mailed to the agency by the fifth calendar day after the report month and becomes a part of the case record.

INSTRUCTIONS FOR PREPARATION OF FORM:

The agency will be responsible for informing the instructor of their responsibility to prepare the form monthly.

The agency will be responsible for informing the instructor of the number of hours the registrant will be assigned each month.

The "Date and Hours Worked" section needs to be completed in its entirety to enable the worker/case manager to monitor attendance.

The instructor will be responsible for completing, signing, dating and returning the form to the agency by the fifth calendar day after the close of the report month.



7/03

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Commonwealth of Virginia  
Department of Social Services

FIPS \_\_\_\_\_ Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Report Month: \_\_\_\_\_

**FOOD STAMP EMPLOYMENT  
AND TRAINING (FSET)**

**FSET STATISTICAL REPORT**

A	Referrals	ABAWD	Non-ABAWD	Vol.
1.	New Registrants			
2.	Re-registrants			
3.	TOTAL			

B	Assessments	ABAWD	Non-ABAWD	Vol.
1.	Initial Assessments			
2.	Reassessments			
3.	Referred, not assessed			
	TOTAL			

C	Pending Status	ABAWD	Non-ABAWD	Vol.
1.	Day Care Barrier			
2.	Transportation Barrier			
3.	Medical Barrier			
4.	Other			
	TOTAL			

D	Inactive Status	ABAWD	Non-ABAWD	Vol.
1.	Day Care Barrier			
2.	Transportation Barrier			
3.	Medical Barrier			
4.	Other			
	TOTAL			

E	Component Assignments	ABAWD	Non-ABAWD	Vol	Tot
1.	Job Search				
2.	Job Search Training				
3.	Work Experience				
4.	Education				
5.	Training				
	TOTAL				

F	Non-compliance	ABAWD	Non-ABAWD
1.	Good cause for Failure to Participate		
2.	Referrals to EW to Sanction		

G	Entered Employment From Component:	Full Time	Part Time
1.	Job Search		
2.	Job Search Training		
3.	Work Experience		
4.	Education		
5.	Training		
	TOTAL		

H	Benefit Reductions	# of cases	Savings
1.	Closed due to Employment		
2.	Reduced due to Employment		
3.	Closed due to Sanction		
4.	Reduced due to Sanction		
	TOTAL		

**Monthly On-Board Count**

Active	Inactive	RNA	Total



FSET STATISTICAL REPORT

FORM NUMBER - 032-02-086

PURPOSE OF FORM - This form provides a monthly summary of program activities for those agencies operating a Food Stamp Employment and Training Program (FSET).

USE OF FORM - The form provides statistical data for required reports prepared for the USDA Food and Nutrition Service, State Board of Social Services, and General Assembly. It is a monitoring tool for the Central Office.

NUMBER OF COPIES - Original and one copy

DISPOSITION OF COPIES - The agency must forward the original of this report to Division of Finance, 730 East Broad Street, Richmond, Virginia 23219 to arrive no later than the tenth calendar day after the close of the report month. The agency must retain the second copy.

INSTRUCTIONS FOR PREPARATION OF FORM:

Enter the appropriate identifying information in the upper right hand side of the form. Enter the name, telephone number and E-mail address of the person to contact for questions regarding this report.

- A. Enter the number of referred registrants for the month and total them. "Vol." stands for volunteer.
- B. Enter the number of initial assessments and reassessments for the month. Enter the number of referrals received in the month that were not assessed by the end of the month for the "Referred, not assessed" entry. Total the amounts.
- C. Enter the number of pending registrants who have a particular barrier for each category and total them. Medical barrier includes pregnancy.
- D. Enter the number of inactive registrants who have a particular barrier for each category and total them. Medical barrier includes pregnancy.
- E. Enter the number of registrants assigned to a component **during the report month** and total them. **The agency may assign a registrant to more than one component during a month.**



- F. 1. Enter the number of registrants who claimed good cause for failure to participate after receiving the FSET Notice of Sanction for the month.
2. Enter the number of registrants referred to the eligibility worker for a sanction.
- G. Enter the number of registrants who entered full time or part time employment during their assignment to a component.
- H. Enter the number of cases that were closed or reduced due to employment and sanctioning. Include the amount of savings to the closed case or the amount of the reduction to their Food Stamp case.

Monthly On-Board Count - This is a count of registrants carried over from the previous month and is taken on the first day of the report month. The on-board count is an unduplicated count. Registrants must not be included in both this item and in item A.

Active - This is a count of all registrants in an active status on the first day of the report month.

Inactive - This is a count of all registrants in an inactive status on the first day of the report month.

Referred but not assessed (RNA) - This is a count of referrals received and counted in a previous month, but not assessed yet. This count is also taken on the first day of the report month.



**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF SOCIAL SERVICES**  
**Temporary Assistance for Needy Families (TANF)**  
**Food Stamp Employment and Training Program (FSET)**  
**CONTACT SHEET**

Case Name: \_\_\_\_\_

Case I.D.# \_\_\_\_\_

WORKER NAME OR NUMBER	DATE (M,D, Y)	CIRCLE ONE	PERSON(S) CONTACTED	CIRCLE ONE	RECORD BRIEF INFORMATION ABOUT EACH CONTACT.* PLEASE PRINT.
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	

\*This form may replace the case narrative if it is used to record all case information.  
032-02-078/5 (7/00)



		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	

\*This form may replace the case narrative if it is used to record all case information.



CONTACT SHEET

FORM NUMBER - 032-02-078

PURPOSE AND USE OF FORM - This form provides a record of each case action and each client and collateral contact.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original is maintained in the registrant's case record

INSTRUCTIONS FOR COMPLETION OF FORM:

This form includes all contacts of any kind with an FSET registrant and any case action taken. These include, but are not limited to interviews with the registrant, other contacts (letters, notices, phone calls) with registrant regarding FSET assignments, and other case information such as the date a registrant begins or leaves an assigned activity.

This form may replace the case narrative. If the form is used to replace the case narrative, it must include all pertinent case information.



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
FOOD STAMP EMPLOYMENT AND TRAINING  
(FSET) PROGRAM

To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Agency \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Case Number \_\_\_\_\_

### FSET NOTICE OF SANCTION

You are out of compliance with Food Stamp Regulations.

You did not participate as required in the Food Stamp Employment and Training Program (FSET). Because of this, your Food Stamps may be reduced or closed for up to six (6) months or until you comply, whichever is longer. This is called a sanction.

#### YOU ARE BEING SANCTIONED BECAUSE:

- ☐ You did not keep your scheduled appointment on \_\_\_\_\_.
- ☐ You did not complete your assignment to \_\_\_\_\_.
- ☐ Other \_\_\_\_\_.

In order to avoid this sanction, you must contact your FSET Worker/Case Manager by \_\_\_\_\_ to give good reason why you did not complete the activity checked above.

If we do not hear from you on or before \_\_\_\_\_, your Food Stamps will be reduced or closed.

FSET Worker/Case  
Manager: \_\_\_\_\_

Telephone  
Number: \_\_\_\_\_



FSET NOTICE OF SANCTION

FORM NUMBER - 032-02-089

PURPOSE OF FORM - This form informs households of reductions or terminations in their food stamp allotments due to sanctions for refusal or failure to comply with FSET program requirements. The form also establishes the 5 working day good cause time frame and establishes the reason for being out of compliance.

USE OF FORM - The form must be sent to each registrant after the registrant fails or refuses to comply with FSET program requirements. The form must be sent prior to the registrant's referral to the eligibility unit for non-compliance.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original is sent to the registrant  
Copy is maintained in registrant's case record

INSTRUCTIONS FOR PREPARATION OF FORM:

1. In the upper left, fill in the registrant's name and address.
2. In the upper right, fill in the agency name, the date the form is sent and the registrant's case number.
3. Check the appropriate block indicating the reason for sanction.
4. Enter the last day of the 5-working-day good cause time period in the two remaining blanks.

Example

The FSET Worker sent an FSET Notice of Sanction to a registrant who was out of compliance on March 3<sup>rd</sup>, a Thursday. The date by which the registrant would need to contact the worker could be no later than March 10<sup>th</sup>.

5. Include the FSET worker/case manager's name and phone number.
6. Keep all responses in the case record preferably attached to the notice.



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### MEDICAL EVALUATION

It is our goal to assist the individual named below in preparing for the transition from welfare to work. This person states that he/she is unable to work. Please give careful consideration in completing this medical evaluation. The information that you provide will be used to determine occupations that this individual may be able to perform, even if there are some limitations.

Commonwealth of Virginia  
Department of Social Services  
Temporary Assistance for Needy Families (TANF)  
Virginia Initiative for Employment not Welfare (VIEW)  
Food Stamp Employment and Training Program (FSET)

Agency Name \_\_\_\_\_  
Address \_\_\_\_\_  
Agency Contact \_\_\_\_\_  
Phone # \_\_\_\_\_  
Case Number \_\_\_\_\_  
Case \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS#: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ Phone#: \_\_\_\_\_

#### WORK-RELATED LIMITATIONS:

1. Date of examination on which this medical evaluation is based: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. In terms of working for pay / competitive employment and the patient's current health issue(s), check that which is **MOST** applicable at this time.

☐ Patient is currently able to work



Patient can currently work without limitations or modifications. Skip the remaining questions and sign at the bottom of page 2.

☐ Able to work with limitations and/or modifications



Patient is able to work in a limited capacity and/or with modifications. Please complete the remaining questions.



Anticipated duration of limitation or modification (Check one)

- ☐ Less than 60 days  
☐ 60 - 90 days  
☐ Greater than 90 days. Specify duration: \_\_\_\_\_

☐ Unable to work



Patient is unable to work in any capacity at this time. Please complete the remaining questions.



Anticipated duration of incapacity. (Check one)

- ☐ Less than 60 days  
☐ 60 - 90 days  
☐ Greater than 90 days. Specify duration: \_\_\_\_\_

3. Please indicate the primary medical reason for the patient's inability to work or need to work with modifications and/or limitations in the space entitled "primary diagnosis" provided below.

Primary Diagnosis: \_\_\_\_\_

If other medical issues contribute to the patient's inability to work or need to work with modifications and/or limitations, please record those in the space entitled "secondary diagnoses" provided below.

Secondary Diagnosis: \_\_\_\_\_

(OVER)



**WORK-RELATED LIMITATIONS (CONT'D):**

4. Check all areas that the patient currently has limitations in that result in his/her inability to work or result in his/her ability to work in a limited capacity or with modifications. Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Lifting objects greater than: _____ POUNDS (insert #)        | <input type="checkbox"/> Sitting for greater than 1 hour at a time   |
| <input type="checkbox"/> Bending over / stooping down / reaching for objects          | <input type="checkbox"/> Standing for greater than 1 hour at a time  |
| <input type="checkbox"/> Manual dexterity activities (typing, handling small objects) | <input type="checkbox"/> Walking distances greater than 50 feet      |
| <input type="checkbox"/> Hearing  | <input type="checkbox"/> Climbing four to six steps                  |
| <input type="checkbox"/> Vision   | <input type="checkbox"/> Driving an automobile                       |
| <input type="checkbox"/> Cognition  | <input type="checkbox"/> Interpersonal relationships with co-workers |

Other work limitations not listed above: \_\_\_\_\_

5. If the patient is unable to work at this time (see question #2 on previous page), can he/she participate in any of the following at this point in time? Check all activities that the patient can presently participate in. For each that he/she can participate in, please indicate the number of days per week and hours per day that you think would be appropriate given his/her limitations.

ACTIVITY	Check here if patient can participate	Days per week	Hours per day
a. Classroom based activities leading to a GED or other certification	<input type="checkbox"/>		
b. Educational activities that address job etiquette, social skills, positive job behaviors, etc.	<input type="checkbox"/>		
c. Skills training in an occupation within his/her health-related limitations	<input type="checkbox"/>		
d. Resume writing and practice in completing job applications	<input type="checkbox"/>		
e. Participating in mock job interviews	<input type="checkbox"/>		
f. Job Searching (contacting employers; getting on a bus)	<input type="checkbox"/>		
g.	<input type="checkbox"/>		

**WORK-RELATED ADVISING:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 6. Have you advised the patient to reduce his/her work hours for health-related reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you advised the patient to take a leave of absence for health-related reasons?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you advised the patient to quit his/her job for health-related reasons?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you advised the patient to apply for disability?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**COMPLIANCE:**

- |  |                              |                             |                                     |
|--|------------------------------|-----------------------------|-------------------------------------|
| 10. If physical therapy, counseling, or other treatments were prescribed, is the patient complying?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 11. Does the patient's condition hinder his/her ability to care for his/her children?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                     |
| 12. If medication was prescribed, is the patient complying?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 13. If the patient reviewed this form, would it jeopardize his/her physical or emotional health or well being?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                     |
| 14. Does the patient require additional evaluation and/or assessment to determine their current and/or future work capacity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                     |

☐ Yes

(Check all that apply)

- ☐ Psychiatrist, psychologist or other mental health provider
- ☐ Rehabilitation professional – physical therapist, occupational therapist, speech-language pathologist, etc.
- ☐ Educational specialist
- ☐ Medical specialist – orthopedist, neurologist, etc.
- ☐ Other: \_\_\_\_\_

Signature of physician \_\_\_\_\_

Physician's address \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date form was completed

(\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
Physician's telephone number



MEDICAL EVALUATION

FORM Number - 032-03-654

PURPOSE OF FORM - To provide medical information about the mental or physical condition of a household member.

USE OF FORM - May be used by the local social services agency to secure medical information when a written statement is necessary to determine the ability to work.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - Submitted to the examining or treating physician and, upon return to the local department, filed in the case record.

INSTRUCTIONS FOR PERPARATION OF FORM - The worker must complete the information at the top of the form and submit it to the examining or treating physician. The worker may fill in element 5, item g with an activity not listed, if appropriate. The examining or treating physician must complete information requested in Items 1 through 14 and sign the form.



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
EMPLOYMENT SERVICES PROGRAMS  
COMMUNICATION FORM

REGISTRANT \_\_\_\_\_  
CASE NAME \_\_\_\_\_  
CASE NUMBER \_\_\_\_\_

☐ FSET ☐ GR ☐ TANF ☐ TANF-UP

TO \_\_\_\_\_, EW  
FROM \_\_\_\_\_, ESW

Date \_\_\_\_\_  
Reply Needed By \_\_\_\_\_

☐ Reevaluation of non-exempt/mandatory status is requested  
because \_\_\_\_\_  
\_\_\_\_\_

☐ Individual has failed to comply with program requirements.  
Reason \_\_\_\_\_  
\_\_\_\_\_

☐ Volunteer no longer wishes to participate.

☐ Good cause does not exist.

☐ Individual will enter/entered employment on \_\_\_\_/\_\_\_\_/\_\_\_\_  
#Hours/week \_\_\_\_\_ Rate of pay \$ \_\_\_\_\_ Per \_\_\_\_\_  
Employer \_\_\_\_\_

☐ Notify ESW if aware of good cause reason.

☐ Comparability exists.

☐ Please send verification of employment.

☐ Sanction for (check appropriate answer):  
\_\_\_\_ until notified of compliance \_\_\_\_ 3 months and compliance  
\_\_\_\_ 1 month and compliance \_\_\_\_ 6 months and compliance

☐ Individual will enter education or training activity  
on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Location \_\_\_\_\_

☐ Please provide the dollar amount of reduction due to  
employment or sanction.

☐ Individual will be a participant in work experience. Please  
provide the FS or GR dollar amount for the month of  
\_\_\_\_\_

☐ Please notify when sanctioned individual has been added  
back to FS unit.

☐ Other \_\_\_\_\_  
\_\_\_\_\_

TO \_\_\_\_\_, ESW  
FROM \_\_\_\_\_, EW

Date \_\_\_\_\_  
Reply Needed By \_\_\_\_\_

☐ Result of reevaluation of non-exempt/mandatory status  
\_\_\_\_\_

☐ Effective with payment on \_\_\_\_/\_\_\_\_/\_\_\_\_, benefits  
will be reduced  
from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

☐ Non-exempt/mandatory individual now exempt.  
Reason \_\_\_\_\_

☐ Individual appealed sanction. Pre-hearing conference  
scheduled for \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_ (time).

☐ Volunteer no longer wishes to participate.

☐ Sanction ended effective \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mandatory registrant has been added back to FS unit.

☐ Individual will enter/entered employment on \_\_\_\_/\_\_\_\_/\_\_\_\_  
#Hours/week \_\_\_\_\_ Rate of pay \$ \_\_\_\_\_ Per \_\_\_\_\_  
Employer \_\_\_\_\_

☐ Amount of FS allotment/GR payment for  
month of \_\_\_\_\_ was \$ \_\_\_\_\_

☐ Individual/household no longer eligible for FS or GR.  
Case closed due to: (check one)

☐ Sanction-ANPA sent  
☐ Employment-Benefit reduction/savings information  
provided below

☐ Individual may be unable to participate in ESP/FSET  
program because \_\_\_\_\_  
\_\_\_\_\_

☐ Other \_\_\_\_\_  
Effective Date \_\_\_\_\_

☐ New certification period:  
from \_\_\_\_\_ to \_\_\_\_\_

☐ Individual deleted from FS household due to: (check one)

☐ Sanction, ANPA sent

☐ Individual can: ☐ Read English ☐ Write English

☐ Other \_\_\_\_\_  
Effective Date \_\_\_\_\_

☐ Other \_\_\_\_\_  
\_\_\_\_\_



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EMPLOYMENT SERVICES PROGRAMS COMMUNICATIONS FORM

FORM NUMBER - 032-02-072

PURPOSE OF FORM - To exchange information about ESP clients between the eligibility worker and the Employment Services worker.

USE OF FORM - To be originated by either the eligibility worker or the Employment Services worker at the time circumstances change, for the registrant, that require the exchange of information.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - This form is prepared in triplicate. Distribution of the top two copies is indicated on the form. The third copy remains attached to the copy being forwarded, in the event the receiving party uses the same form for reply.

INSTRUCTIONS FOR PREPARATION OF FORM

The name of the registrant, the case name, case number and program are to be entered in the upper right hand corner by the worker who originates the form.

The top half of the form is completed when messages must be communicated to eligibility staff from employment services staff. The employment services worker will check whichever block communicates the desired information or requests the desired information.

The bottom half of the form is completed when the eligibility staff is either returning the form to employment services with the requested information completed, or when the eligibility staff is communicating information to employment services. The eligibility worker will check whichever blocks are applicable to the situation.



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